

(1) PLACE OF BIRTH

County of Calhoun
 Township of Lawson
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 34954

Registration District No. 801 Registered No. 81
 (For use of Local Registrar)

(2) Full Name of Child William J. King
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Type Full (5) Number 1 (6) DATE OF BIRTH Sept. 27, 23
 (Name of Month) (Day) (Year)

FATHER.
 (7) FULL NAME Eli King
 (8) PRESENT POST OFFICE OF FATHER St. Matthews
 (9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 20
 (11) BIRTHPLACE Texas
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Brooke Root
 (15) PRESENT POST OFFICE OF MOTHER St. Matthews
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House work
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 a.m.
 on the date above stated. (Day) (Month) (Year)

(22) (Signature) J. H. Synner, M.D.
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

(25) Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct. 27, 23 (28) J. H. Synner Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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