

## (1) PLACE OF BIRTH

County of Darlington S.C.  
Township of Darlington S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

17343

Inc. Town of ..... Registration District No. 1201 Registered No. 59  
(For use of Local Registrar)  
City of ..... (No. .... St. .... Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Henry Ellison King If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) And Parents Married? Yes (7) DATE OF BIRTH June 17  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Henry Ellison King  
(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Years)  
(12) BIRTHPLACE Rockingham N.C.  
(13) OCCUPATION Textile  
(14) Number of children born to mother, including present birth 1MOTHER.  
(14) NAME BEFORE MARRIAGE Harriet D. King  
(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Years)  
(18) BIRTHPLACE Lee County S.C.  
(19) OCCUPATION Teacher  
(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 5:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Willey (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) File July 1, 191 (28) Ed. E. King 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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