

(1) PLACE OF BIRTH

County of GreenwoodTownship of GreenwoodInc. Town of GreenwoodCity of Greenwood

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 73a

File No.—For State Registrar Only

4122

Registered No. 74

(For use of Local Registrar)

(No. 1 of 1 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annelle Pinson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet X (5) Number in order of birth X (6) Age of child at birth 70 (7) DATE OF BIRTH 2/23/23

FATHER. MOTHER.

(8) FULL NAME Asbury King Jr (10) NAME BEFORE MARRIAGE Shelia Nor Pinson(9) PRESENT POSTOFFICE OF FATHER Greenwood (11) PRESENT POSTOFFICE OF MOTHER Greenwood(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 19 (14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 18(16) BIRTHPLACE Greenwood (17) BIRTHPLACE Greenwood(18) OCCUPATION Student (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1 (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 1:15 P.M. on the date above stated. (Born alive or stillborn. Hour A. M. or P. M.)(23) (Signature) Paul Williams(24) State whether Physician or Midwife Physician

(25) Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 16 1923 (28) Local Registrar. Paul Williams

*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.