

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Charleston...

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

(2) Full Name of Child

Joseph Simeon King

File No.—For State Registrar Only

17838

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

9 A

Registration District No.

Registered No. 808...
(For use of Local Registrar)(No. 124 has an St.: 10 ... Ward)If child is not yet named, make
supplemental report as directed(3) BOY OR
GIRLBoy(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?Yes

(7) DATE OF

BIRTH June 17, 1922
(Month) (Day) (Year)

FATHER.

(8) FULL
NAMESimeon King(9) PRESENT
POSTOFFICE
OF FATHERCharleston, S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY54
(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

No job(14) NAME BEFORE
MARRIAGEMartha Savenia Nettles(15) PRESENT
POSTOFFICE
OF MOTHERCharleston, S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY26
(Years)

(18) BIRTHPLACE

Walterboro, S.C.

(19) OCCUPATION

Wife(20) Number of children born to
mother, including present birthSecond(21) Number of children of this mother
now living, including present birthSecond

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive ... at 7:15 A.M.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Charleston, S.C.Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

6/27/22 J. Mendenhall Green H. L.
Local Registrar.

Registrar

*If no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.

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