

(1) PLACE OF BIRTH
County of Spawton

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

File No. For State Registrar Only
74714

Township of Beech Grove

Registration District No. 4000 Registered No. 121
(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.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Miss Rebecca King

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH 8. 10. 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry King
(9) PRESENT POSTOFFICE OF FATHER Green SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Welder
(14) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Emma Jackson
(15) PRESENT POSTOFFICE OF MOTHER Green SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ (Hour A. M. or P. M.)
(Born alive or stillborn)

(23) (Signature) _____
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mar)
(27) File Aug 11 1916 (28) JC Moore 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.