

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

File No. For State Registrar Only  
74714

(1) PLACE OF BIRTH  
County of Marion  
Township of Beach  
or  
Inc. Town of  
or  
City of  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 4000 Registered No. 121  
(For use of Local Registrar)  
St.; ..... Ward  
(No. ....)  
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? No

(5) Number in order of birth 1

(6) Are Parents Married Yes

(7) DATE OF BIRTH 8. 10. 6  
(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 Welding

(14) NAME BEFORE MARRIAGE Anna 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

(21) Number of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 30 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Green SC

Given name added from a supplemental report

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

(27) File Aug 11 1916 (28) J. C. 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.