

Form No. 1

(1) PLACE OF BIRTH

County of C.arendon
 Township of St. Paul
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33841

Registration District No. 13/1Registered No. 57
(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 Kenneth Aubrey 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) Are Parents Married? yes (7) DATE OF BIRTH Sept 4 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene King
 (9) PRESENT POSTOFFICE OF FATHER St. Paul S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE C.arendon S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Lander
 (15) PRESENT POSTOFFICE OF MOTHER St. Paul S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE C.arendon S.C.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Thos J Davis M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. Henry King

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

(27) Filed Oct 5 1922(28) J. Henry King

(29) 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.

MEDICAL COLUMBIA, S. C.