

Form No. 1.

(1) PLACE OF BIRTH

County of *Castroville*

Township of *Laurel*

Inc. Town of .....

City of .....

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

(2) Full Name of Child *Mildred King*

(3) BOY OR GIRL? *Girl*

(4) Twin or triplet? *No*

(5) Number in order of birth *51*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Feb 11 1911*

FATHER.

(8) FULL NAME *Edmond King*

(9) PRESENT POSTOFFICE OF FATHER *Castroville, Cal.*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *35*

(12) BIRTHPLACE *Chapman Co. S.D.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *51*

MOTHER.

(14) NAME BEFORE MARRIAGE *Miss Blain*

(15) PRESENT POSTOFFICE OF MOTHER *Castroville, S.D.*

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *30*

(18) BIRTHPLACE *Chapman Co. S.D.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *51*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 9* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *A. B. Batten*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician*

*Castroville*

Given name added from a supplemental report

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

(27) Filed *Feb 17 1911*

(28) *W. J. Hall*

\*When there was no attending physician or midwife, then the father, householder, etc., should make that known. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths within the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.  
Cav. of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Division of Vital Statistics

State House at Columbia

FILE NO. 48261