

11(1) PLACE OF BIRTH

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County of Horry

Township of Corry

Inc. Town of Leemore

City of Leemore

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

(2) Full Name of Child William Basil King

File No. — For State Registrar Only

30690

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 25A Registered No. 49

(For use of Local Registrar)

(No. Bumby Hospital Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Apr 1, 1922  
(Name Month) (Day) (Year)

FATHER.

(9) FULL NAME William Basil King

(9) PRESENT POSTOFFICE OF FATHER Leemore

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE Adrian Hwy Co Mo

(13) OCCUPATION Builder

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

MOTHER.

(14) NAME BEFORE MARRIAGE Nan Easter Smith

(15) PRESENT POSTOFFICE OF MOTHER Leemore

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Years)

(18) BIRTHPLACE Marion Mo Mo

(19) OCCUPATION Housekeeping

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. H. Bumby

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Corry

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 3, 1922

(28)

Attest

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 stillbirth before the fifth month of pregnancy.

DIAGNOSIS RESERVED FOR FINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, GIVE EACH CHILD A SEPARATE RECORD, AND MARK THE PREGNANCY, NO. A. THE OTHER, NO. B, ETC., IN QUESTION 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.