

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

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.)

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

Registration District No.

File No.—For State Registrar Only

3655

Registered No. 14
(For use of Local Registrar)

St. Ward)

(2) Full Name of Child Thomas King

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 case of Twins or Triplets

(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Feb 10 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Thomas King(9) PRESENT POSTOFFICE OF FATHER McBee SC R(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Janitor(20) Number of children born to mother including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Lucy Hinton Cowme(15) PRESENT POSTOFFICE OF MOTHER McBee SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 6:00 a.m. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) D. H. Harwood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/11

19

22

(28)

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.