

WRITE 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, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Greenville
Township of Oneal
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

File No.—For State Registrar Only
85877

Registration District No. 2213 Registered No. 80
(For use of Local Registrar)
St. Ward
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Eliza King

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 5-1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William King</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Sammons</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Route #3, Greer S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Route #3, Greer S.C.</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Oneal S.C.</u>			(18) BIRTHPLACE <u>Oneal S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Keeping</u>	
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) E. M. King
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife
R. #3, Greer S.C.

Given name added from a supplemental report

(26) Witness R. D. Jackson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 30, 1916 (28) Albert W. New...
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.

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