

(1) PLACE OF BIRTH

County of LaurensTownship of Sullivanor
Inc. Town ofor
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

90660

Registration District No. 2996Registered No. 74

(For use of Local Registrar)

(2) Full Name of Child. Vivian Killingsworth

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 18, 1916</u> (Name of Month) (Day) (Year)
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To be answered only in event of twins or triplets

FATHER.

(8) FULL NAME Chas. W. Killingsworth(9) PRESENT POSTOFFICE OF FATHER Ware Shoals P.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Laurens Co. S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Clauzie Adams(15) PRESENT POSTOFFICE OF MOTHER Ware Shoals P.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Laurens Co. S.C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:20 P.M. (Hour A.M. or P.M.) on the date above stated.(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ware Shoals S.C.

Given name added from a supplemental report

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

(27) Filed Jan 8, 1917 (28) [Signature] 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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