

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.

## (1) PLACE OF BIRTH

County of Richland

Township of .....

OR

Inc. Town of .....

OR

City of Columbia S.C.

(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

36178

Registration District No. 380Registered No. 17,923

(For use of Local Registrar)

(No. 1009 Union

St.; .... Ward)

## (2) Full Name of Child

James Patterson King

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

3rd

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct. 11, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robert King

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Columbia S.C.

(13) OCCUPATION

Civil Engineer

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Union Patricia Reynolds

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

Essex S.C.

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. M. Lester, Jr.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianColumbia S.C.

Given name added from a supplemental report

Added 2-8-50 TPL JHB

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

10-11-22

(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.