

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
Township of Summervilleor
Inc. Town of
or

City of

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

(2) Full Name of Child

Allie Neal King

File No.—For State Registrar Only

49874

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3301Registered No. 10

(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 8
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 9th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles King

(9) PRESENT POSTOFFICE OF FATHER

Summerville S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 50
(Years)

(12) BIRTHPLACE

Marlboro Co S.C.

(13) OCCUPATION

Farming

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

Eight

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Riles

(15) PRESENT POSTOFFICE OF MOTHER

Summerville S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 34
(Years)

(18) BIRTHPLACE

Marlboro Co S.C.

(19) OCCUPATION

Laborn

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Miller Grace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeSummerville S.C.

Given name added from a supplemental report

, 191....

Registrar

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

(27) Filed July 12th 1916 (28) W. W. Pate 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.

WRITE PLAINLY, WITH INK—THIS IS A PREPARATION SHEET ONLY. N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.