

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro  
Township of Summitville  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**49874**

Registration District No. 3301 Registered No. 10  
(For use of Local Registrar)

(2) Full Name of Child Ellie Neal King } 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 9<sup>th</sup> 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Charles King  
(9) PRESENT POSTOFFICE OF FATHER Summitville S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50 (Years)  
(12) BIRTHPLACE Marlboro Co S.C.  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth Eight

MOTHER.  
(14) NAME BEFORE MARRIAGE Carrie Riles  
(15) PRESENT POSTOFFICE OF MOTHER Summitville S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE Marlboro Co S.C.  
(19) OCCUPATION Labour  
(20) 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 Cross  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summitville 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 12<sup>th</sup> 1916 (28) W. W. Pate Local Registrar.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PREPARATION-BLANK FOR EACH CHILD, and must be used 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, S. C.

\*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.