

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

File No.—For State Registrar Only  
**64456**

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

or  
 Inc. Town of ..... Registration District No. 22. A Registered No. 260  
 or  
 City of Greenville (No. 465 Choice Ave St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Christopher 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 30, 1916  
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>James C. King</u>	(14) NAME BEFORE MARRIAGE <u>Estella Meyers</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
(10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY ..... (Years)	(16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY ..... (Years)	(12) BIRTHPLACE <u>Yorkville, S. C.</u>	(18) BIRTHPLACE <u>Orangeburg, S. C.</u>
(13) OCCUPATION <u>Painter</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth { ..... <u>2</u> .....	(21) Number of children of this mother now living, including present birth { ..... <u>2</u> .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Edwards  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cor Briar & Grove

Given name added from a supplemental report

(26) Witness Grace C. Halmer  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1, 1916. (28) C. Smith  
 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.

MARGIN RESERVED FOR BINDING.

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.