

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofCity of Greenville

(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

64456

Registration District No. 22..ARegistered No. 260

(For use of Local Registrar)

(No. 465 Choice Ave St.; Ward)(2) Full Name of Child James Christopher King

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 30</u> 191 <u>6</u>
<small>To be answered only in event of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME James C. King(9) PRESENT POSTOFFICE OF FATHER Greenville S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE Yorkville, S. C.(13) OCCUPATION Painter(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Estella Meyers(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years)(18) BIRTHPLACE Orangeburg, 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 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 (25) Address of Physician or Midwife

Midwife

Cor Briar & Grove

Given name added from a supplemental report

(26) Witness Grace C. Palmer (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.

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