

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
32833

(1) PLACE OF BIRTH

County of Abbeville

Township of Longleaf

Inc. Town of _____

City of _____

Registration District No. 107 Registered No. 53
(For use of Local Registrar)

(No. _____ 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 Lois Olera King If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15 1923
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Robert H. King
9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
12) BIRTHPLACE Abbeville Co. S.C.
13) OCCUPATION Farmer
14) Number of children born to mother, including present birth 6

MOTHER
(14) NAME BEFORE MARRIAGE Ola Newell
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Abbeville Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 4:20 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report
..... 101.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Oct 16 23 (27) Filed Oct 16 23 (28) E.R. Miller 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.

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MARGIN RESERVED FOR BINDING.
FORM NO. 7.
WHEN PLACED, WITH UNPAID TAX—THIS IS A PERMANENT RECORD.
IN CASE OF TYPE OR PRINTING USE A SEPARATE BLANK FOR EACH CHILD AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Only

Ward)

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S.S.

M.,

P. M.)

wife

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