

Form No. 1

(1) PLACE OF BIRTH

County of **LEXINGTON**
 Township of **SWAMP**
 or
 Inc. Town of **Swansen**
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22-051180

Registration District No. **3107** Registered No. **✓**
 (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 **Harvey 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 **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Jan 17 1923**
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME James King, Jr.	(14) NAME BEFORE MARRIAGE Helen Reynolds		
(9) PRESENT POSTOFFICE OF FATHER Swansen	(15) PRESENT POSTOFFICE OF MOTHER Swansen		
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)		
(12) BIRTHPLACE Lexington S.	(18) BIRTHPLACE Lexington S.		
(13) OCCUPATION Painter	(19) OCCUPATION Housewife		
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **White** at **10 P.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **L. C. Proctor**
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Swansen**

Given name added from a supplemental report

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

(27) Filed **Jan 23 1923** (28) **J. S. Taylor** 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.