

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

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. **3102**

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 **✓** (6) Are Parents Married? **✓** (7) DATE OF BIRTH **Jan 17 1923**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **James King, Jr.**
(9) PRESENT POSTOFFICE OF FATHER **Swansen**
(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **26**
(Years)
(12) BIRTHPLACE **Lexington S.**
(13) OCCUPATION **Painter**
(20) Number of children born to mother, including present birth **3**

MOTHER.

(14) NAME BEFORE MARRIAGE **Helen Reynolds**
(15) PRESENT POSTOFFICE OF MOTHER **Swansen**
(16) COLOR OR RACE **W** (17) AGE AT LAST BIRTHDAY **22**
(Years)
(18) BIRTHPLACE **Lexington S.**
(19) OCCUPATION **Housewife**
(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 **born** at **10 P.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **L. D. Brooks**

(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 mother)

(27) Filed **Jan 23 1923**

(28) **J. J. 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.