

FIRST-BORN. No. 1. THE OTHER. No. 2. etc. In question 3

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartan
 Inc. Town of
 City of (No. St.; Ward)

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

No. 16713 — For State Registrar Only

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

(2) Full Name of Child Rev. Henry King (If child is not yet named, make supplemental report as directed)

| | | | | |
|--------------------------------------|--|---|--|--|
| (3) BOY OR GIRL <u>boy</u> | (4) Twin or Triplet To be answered only in case of Twin or Triplet | (5) Number in order of birth <u>1</u> | (6) Are Parents Married <u>yes</u> | (7) DATE OF BIRTH <u>June 11, 1923</u> (Month) (Day) (Year) |
|--------------------------------------|--|---|--|--|

| | | | |
|--|---|---|--|
| FATHER. | | MOTHER. | |
| (8) FULL NAME <u>B. D. King</u> | (14) NAME BEFORE MARRIAGE <u>Clara Stuart</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Liberty S C R 1</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Liberty - S C R 2</u> |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY <u>5</u> (Years) | (16) COLOR OR RACE <u>white</u> | (17) AGE AT LAST BIRTHDAY <u>20</u> (Years) |
| (12) BIRTHPLACE <u>S C</u> | (13) OCCUPATION <u>Farmer</u> | (18) BIRTHPLACE <u>S C</u> | (19) OCCUPATION <u>House wife</u> |
| (20) Number of children born to mother, including present birth <u>3</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 at 7 A. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Allen
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty S C R 1

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 19 (28) 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.

(29) Filed 19 (30) Local Registrar

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