

Form No. 3

(1) PLACE OF BIRTH

County of SpartanburgTownship of Campobello

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15851

Registration District No. 4001-A Registered No. 19

(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

W. J. 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 Yes(7) DATE OF BIRTH MAY 14 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William C. King(9) PRESENT POSTOFFICE OF FATHER Campobello, S.C. #1(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Durham(15) PRESENT POSTOFFICE OF MOTHER Campobello, S.C. #3(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was White at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. J. King(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Campobello, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed May 23 1923(27) Local Registrar W. J. King

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.