

[illegible]

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

File No.—For State Registrar Only
3147

State Board of Health
Registration District No. 403 Registered No. 5
(For use of Local Registrar)

City of _____ (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 Ypsil Cam If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? 3 (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 1 1922
(Name of Month) (Day) (Year)

To be answered only in event of twins or triplets	
FATHER	MOTHER

(3) FULL NAME George P. King (14) NAME BEFORE MARRIAGE Nathie Cunningham

(15) PRESENT POSTOFFICE *Brady P.O.*

POSTOFFICE OF FATHER Barrington, S.C. POSTOFFICE OF MOTHER Barkeley, S.C.

(10) COLOR OR RACE *Cal* (11) AGE AT LAST BIRTHDAY *50* (12) COLOR OR RACE *Cal* BIRTHDAY *1/1/1934* (13) (14)

(12) BIRTHPLACE 2 1 19 19

(10) OCCUPATION Washing Machine

Foreign.	Domestic.
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(20) Number of children born to _____ Eight

(21) Number of children of this mother _____ Four
 whose last name is _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bernadine at 1 PM
(Born alive or stillborn) (Hour A. M. or P. M.)

(13) (Signature) Emma Stohls

(24) State whether Physician or Midwife Midwife Barnes, R.C.

Given name added from a supplement

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

Feb 8 22 Alameda Co
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 before the fifth month of pregnancy.