

Form No 1.

(1) PLACE OF BIRTH

County of SiclowTownship of HessboroInc. Town of Fork S.C.City of Fork S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

46025

Registration District No. 1601 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child William Harrison King { If child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------------------------------------------------|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>V</u> <small>To be answered only in case of twins or triplets</small> | (5) Number in order of birth <u>4</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Jan 2</u> <small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------------------------------------------------|

FATHER.

(8) FULL NAME Harrison King(9) PRESENT POSTOFFICE OF FATHER Fork S.C.(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 { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Bradley(15) PRESENT POSTOFFICE OF MOTHER Fork S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10:45 am on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) N. N. Schels Field(23) State whether Physician or Midwife (24) Address of Physician or Midwife
M.S. Fork S.C.

(25) Name of child upon a supplemental report

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

(27) Filed Jan 14 1916 (28) N. N. Schels Field
Local Registrar

When made by attending physician or midwife, then the father, householder, etc., should make this report. If child is stillborn, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

THIS FORM IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR AND IS NOT TO BE RETURNED TO THE FATHER. IT IS A PERMANENT RECORD. IN CASE OF A CHANGE OF ADDRESS, THE REGISTRAR WILL BE NOTIFIED BY THE FATHER. A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NAME OF CHILD IN THE SPACE PROVIDED THEREFOR.