

(1) PLACE OF BIRTH

County of S. Dillon
 Township of Hillsboro
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29959

Registration District No. 1603 Registered No. 142
 (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 Jessie Murry King

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 16, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Murry King(9) PRESENT POSTOFFICE OF FATHER Fork SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Brogden(15) PRESENT POSTOFFICE OF MOTHER Fork SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
 (Years)(18) BIRTHPLACE SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. N. Sells Field (24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Fork SC

Given name added from a supplemental report

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

(27) Filed Oct 10 1922 (28) J. N. Sells Field 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.