

Form No. 1.

(1) PLACE OF BIRTH

County of Calhoun

Township of Johnston

Inc. Town of Johnston

City of Johnston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42702

Registration District No. 151A Registered No. 70

(For use of Local Registrar)

(No. 1 St. 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Richard Harrison 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 One (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 8 (8) (Name of Month) (Day) (Year) 1916

FATHER.
(8) FULL NAME R. S. King
(9) PRESENT POSTOFFICE OF FATHER Johnston
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Richmond Va
(13) OCCUPATION Minister at Large
(20) Number of children born to mother, including present birth Three

MOTHER.
(14) NAME BEFORE MARRIAGE Miss Daisy Hancock
(15) PRESENT POSTOFFICE OF MOTHER Johnston
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE Richmond Va
(19) OCCUPATION —
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. J. H. Smith
(24) State of South Carolina (25) Address of Physician or Midwife Johnston
(26) (Signature) Johnston

Given name added from a supplemental report
Wm. H. A. 1916
Wm. H. A.
1916
Registrar

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)
W. H. A.
(28) Filed Dec 10 1916 (29) A. S. C. 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.

MARGIN IS RESERVED FOR PRINTING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.