

(1) PLACE OF BIRTH

County of CharlestonTownship of Charlestonor
Inc. Town of CharlestonCity of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7049

Registration District No. 12A Registered No. 11
(For use of Local Registrar)

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

(2) Full Name of Child Margaret Elsie King { If child is not yet named, make supplemental report as directed(3) SEX OR
MARR? girl (4) Twin
or Triplet? No (5) Number in
order of birth 1 (6) Are
Parents
Married? yes (7) DATE OF
BIRTH July, 20, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Ernest L. King(9) PRESENT
POSTOFFICE
OF FATHER Charleston, S.C.(10) COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 35
(Years)(12) BIRTHPLACE
Charleston, Co., S.C.(13) OCCUPATION
Clerk in Store(20) Number of children born to
mother, including present birth 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Ola Rivers(15) PRESENT
POSTOFFICE
OF MOTHER Charleston, S.C.(16) COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 33
(Years)(18) BIRTHPLACE
Charleston, Co., S.C.(19) OCCUPATION
House wife(21) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:35
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. L. Henderson(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Charleston, S.C.Given name added from a supplemen-
tal report

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Registrar(26) Witness W. E. Bull
(Signature of Witness necessary only
when question 23 is signed by parent)(27) Filed Nov 13 1922 (28) Matth. J. Paul
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.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.

FORM NO. 2. MARGEN RESERVED FOR BINDING.

WHICH PLAINLY, WITH UNFADING INK, THIS IS A PERMANENT RECORD.

NOT TO BE USED BY ANY OTHER PERSON OR OFFICE THAN THE BUREAU OF VITAL STATISTICS OF THE STATE OF SOUTH CAROLINA.

McCaw, of Columbia, FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.