

Form No 1.

(1) PLACE OF BIRTH

County of Richmond

Township of Brook

or
Inc. Town of

City of

(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

77373

Registration District No. 2301 Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child. James Webley 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 Sept. 4, 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim King

(9) PRESENT POSTOFFICE OF FATHER Egeworth

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Egeworth S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Sykes

(15) PRESENT POSTOFFICE OF MOTHER Egeworth S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Greenwood

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Robinson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Niney Six

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Sept 19 1916 (28) W. E. King 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 RESERVED FOR BINDING.
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.
McGraw-Hill of Columbia