

## (1) PLACE OF BIRTH

County of AndersonTownship of Mallettor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District NO. 207

File No.—For State Registrar Only

12840Registered No. 23  
(For use of Local Registrar)

(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 Baby King If child is not yet named, make supplemental report as directed(3) SEX OR GIRL girl (4) Type or Triplet Single (5) Number to order of birth 1st (6) DATE OF BIRTH Jan 23 1923  
(To be entered only in event of Twins or Triplets) (Month of Month) (Day) (Year)

## FATHER.

(7) FULL NAME Harmon King(8) PRESENT POSTOFFICE OF FATHER Anderson S.C.(9) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Harmon(14) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Hamilton(15) PRESENT POSTOFFICE OF MOTHER Anderson R.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Anderson Co(19) OCCUPATION House wife(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 born at 1 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) J. C. Milroy M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson

(Given name added from a supplemental report)

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

(27) Filed June 20 1923 (28) R. P. Robinson 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.

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W. W. (Luk) #4