

MAILED AND RECORDED IN THE OFFICE OF THE REGISTRAR.

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.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Quendon*
Township of *St. Paul*
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

76463

Registration District No. *1311*

Registered No. *156*
(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

Boston King Jr

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

(3) SEX OR *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept 2 1916*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Boston King Sr*
(9) PRESENT POSTOFFICE OF FATHER *St Paul S.C.*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *?* (Years)
(12) BIRTHPLACE *Quendon Co. S.C.*
(13) OCCUPATION *Farm Hand*
(20) Number of children born to mother, including present birth *1*

(14) NAME BEFORE MARRIAGE *M Dingle*
(15) PRESENT POSTOFFICE OF MOTHER *St Paul S.C.*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *120* (Years)
(18) BIRTHPLACE *Quendon Co S.C.*
(19) OCCUPATION *House wife*
(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *11 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Barbara Smith*

(24) State whether Physician or Midwife *Physician*

Given name added from a supplemental report

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

(27) Filed *9/14 1916* (28) *[Signature]* 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.