

MCCAW OF COLUMBIA, COLUMBIA, S. C.

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.

**(1) PLACE OF BIRTH**

County of Quenden  
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)

**(2) Full Name of Child**

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

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

(3) **BOY OR GIRL** Boy (4) **Twin or Triplet?** To be answered only in event of Twins or Triplets (5) **Number in order of birth** (6) **Are Parents Married?** Yes (7) **DATE OF BIRTH** Sept 2 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(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** Quenden Co S.C.  
(13) **OCCUPATION** Farm Hand  
(20) **Number of children born to mother, including present birth** 1

**MOTHER.**

(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** 20 (Years)  
(18) **BIRTHPLACE** Quenden 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 live or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Barbara Smith  
(24) State whether Physician or Midwife (Address of Physician or Midwife)

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) **Witness** J. H. King  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) **Filed** 9/14 1916 (28) J. H. 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.