

Form No. 1

(1) PLACE OF BIRTH

County of GeorgetownTownship of FFor
Inc. Town of Anders SCor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42524

Registration District No. 2103 Registered No. 164
(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 Jametta King (If child is not yet named, make supplemental report as directed)3) SEX OR GIRLS Female 4) Twin or Triplet? No 5) Number in order of birth 2 6) Are Parents Married? No 7) DATE OF BIRTH Dec 2, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME John Washington
9) PRESENT POSTOFFICE OF FATHER Anders SC
10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 30 (Years)
12) BIRTHPLACE Georgetown Co. SC
13) OCCUPATION Labr at saw mill
20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Rosa King
15) PRESENT POSTOFFICE OF MOTHER Anders SC
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 20 (Years)
18) BIRTHPLACE Georgetown Co. SC
19) OCCUPATION Washer woman
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 at 9 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(23) (Signature) Sallie Coechee Midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anders SC

Given name added from a supplemental report

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

(27) Filed Dec 16, 1922 (28) R. W. Bailey 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.