

CERTIFICATE OF BIRTH

County of Alameda.....

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Wendson....

OF

Inc. Town of

Registration District No. 270

Registered No.

File No. — For State Registrar Only

58361

(For use of Local Registrar)

City of (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. Elmer King } If child is not yet named, make supplemental report as directed

| | | | | | |
|---|----------------------|------------------------------|------------------------------------|------------------------------|-----------------------|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>no</u> | (7) DATE OF BIRTH <u>3/3</u> | 19 <u>4</u> (Year) |
| To be answered only in event of Twins or Triplets | | | | (Name of Month) (Day) | |

TABLE:

MOTHER

(3) FULL NAME Lee Kinsman

(14) NAME BEFORE MARRIAGE *C. R. R. L.*

(9) PRESENT POSTOFFICE OF FATHER *Windsor*

(15) PRESENT
POSTOFFICE
OF MOTHER *Windsor*

(10) COLOR OR RACE *Color* (11) AGE AT LAST BIRTHDAY *2* (Years) *44*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION 11 2

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

(21) Number of children of this mother
now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aline, at 4 P M,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph M. Welch
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 191 (28) 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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