

PLACE OF BIRTH

Seneca
Seneca
 of
 Town of
 or
 of

 CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA

 Bureau of Vital Statistics
 State Board of Health
Registration District No. 350Registered No. 66
(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)

FULL NAME OF CHILD

Audie Victoria King

(If child is not yet named, only supplemental report is correct)

BY OR
EL1. Sex of
Triplet?2. Number in order
of birth3. Are
Parents
Married?

4. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month)

(Day) (Year)

FATHER

11. NAME BEFORE
MARRIAGE Doctor Alfred King12. PRESENT
POSTOFFICE
OF FATHER Seneca S.C.13. COLOR
OR
RACE white14. AGE AT LAST
BIRTHDAY 28
(Years)15. BIRTHPLACE Blacks - Ga.16. OCCUPATION Farming17. Number of children born to
her, including present birth 3

MOTHER

14. NAME BEFORE
MARRIAGE Lois Gertrude Lovell15. PRESENT
POSTOFFICE
OF MOTHER Seneca, S.C.16. COLOR
OR
RACE W.17. AGE AT LAST
BIRTHDAY 26
(Years)18. BIRTHPLACE Burton Ga.19. OCCUPATION Housekeeping20. Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was alive at 12 M.
 the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
21. Signature Mrs. O. R. Thrasher

22. State whether Registrar or Midwife

23. Address of Physician or Midwife

Seneca S.C.

Name added from a supplemental report

24. Witness

(Signature of Witness necessary only
when question 23 is signed by mark)25. Date July 10 193126. A. P. Martin

Local Registrar

 If there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.