

Form No. 1

(1) PLACE OF BIRTH

County of Lee Co.Township of J. M. S.

or

Inc. Town of J. M. S.

or

City of Beaufort

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31080

Registration District No. 3006Registered No. 48
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Minella Kay King

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? no(5) Number in order of birth one(6) Are Parents Married? yes

(7) DATE OF

BIRTH May 17, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Binus Babbin(9) PRESENT POSTOFFICE OF FATHER Beaufort(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Miner(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Darter(15) PRESENT POSTOFFICE OF MOTHER Beaufort(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 6:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. H. Ransom

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician, Beaufort S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 17, 22

(28)

Estelle Outlaw
Local Registrar.

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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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.