

(1) PLACE OF BIRTH

County of Livingston

Township of

or Inc. Town of HartsvilleCity of Edwards

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3869

Registration District No. 15BRegistered No. 28
(For use of Local Registrar)(2) Full Name of Child. Ernest Lafayette King St.; (Ward)(1) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 31, 1923
(If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME Ernest Lafayette King(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Livingston Co(13) OCCUPATION Mechanic(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Mary Eva Carnell(15) PRESENT POSTOFFICE OF MOTHER Ga(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Ga(19) OCCUPATION House(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 3:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Carnell(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filled

July 22, 1923 (28) J. H. McNeely 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.