

(1) PLACE OF BIRTH

County of *Harry*
 Township of *Simmons Creek*
 or
 Inc. Town of
 or
 City of
 (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

Registration District No. *2597*

7986

Registered No. *18*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan 13, 22*
 To be answered only in event of Twins or Triplets (Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Delton Thomas King* (14) NAME BEFORE MARRIAGE *Maggie Carter*
 (9) PRESENT POSTOFFICE OF FATHER *Allbrook S.C. R.* (15) PRESENT POSTOFFICE OF MOTHER *Allbrook S.C. R.*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *18* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18*
 (12) BIRTHPLACE *Harry Co S.C.* (18) BIRTHPLACE *Harry Co., S.C.*
 (13) OCCUPATION *Farming* (19) OCCUPATION *Housewife*
 (20) Number of children born to mother, including present birth *One* (21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *10:30*
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Walter Richardson*
 (24) State of *Physician* (25) Address of Physician or Midwife *Loris 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 *Jan 13* 19 *22* (28) *Don E. Hardwick*
 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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