

(1) PLACE OF BIRTH  
A.

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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County of AikenSTATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

207310

Township of Windsoror  
Inc. Town of.....Registration District No. 215Registered No. 215  
(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 Cornelia King{ 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  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH 7 10 22  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL  
NAME Joseph Sullivan King(14) NAME BEFORE  
MARRIAGE Mary Ella Tennant(9) PRESENT  
POSTOFFICE  
OF FATHER Windsor R(15) PRESENT  
POSTOFFICE  
OF MOTHER Windsor R(10) COLOR  
OR  
RACE colored (11) AGE AT LAST  
BIRTHDAY 40  
(Years)(16) COLOR  
OR  
RACE colored (17) AGE AT LAST  
BIRTHDAY 25  
(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to  
mother, including present birth 6(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 Alive at 4:20 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Kissie Tennant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 7 15 22 (28) O. L. Weeks  
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.