Form No. 1

(1) PLACE OF BIRTH

County of Darlington

Township of Lydia

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
6726

Registration District No. 1506 Registered No. 10
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Ida King

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth 2	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Feb 28 1923 (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets			

FATHER.		MOTHER.	
(8) FULL NAME	Dock King	(14) NAME BEFORE MARRIAGE	Rose Mack
(9) PRESENT POSTOFFICE OF FATHER	Lamar R1	(15) PRESENT POSTOFFICE OF MOTHER	Lamar R1
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY	24 (Years)	(17) AGE AT LAST BIRTHDAY	23 (Years)
(12) BIRTHPLACE	Darlington Co	(18) BIRTHPLACE	Darlington Co
(13) OCCUPATION	Laborer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	2	(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 Twin at 7 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness W. Jones
(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Mar. 1923 (28) R. M. Jones
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2 etc., in question 5.
McCAW of COLUMBIA, COLUMBIA, S. C.