

(1) PLACE OF BIRTH

County of Anderson
 Township of Varenesco
 or
 Inc. Town of
 or
 City of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

3094

Registration District No. 3.13 Registered No. 3
 (For use of Local Registrar)

(No. 910 S. McWalter Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Julian Wesley 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH 15-10-22
 To be covered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julian King
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 18 (Years)
 (12) BIRTHPLACE Anderson, S.C.
 (13) OCCUPATION Groceryman.
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Geneva Annie Jones
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Washington D.C.
 (19) OCCUPATION Domestic
 (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 alive on the date above stated. (Born alive or stillborn) (Hour .. M. or P. M.)

(23) (Signature) Wade L. Thompson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed Mar 15 1922. (28) E. A. Elrod 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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MARGIN RESERVED FOR BINDING.
 WHITE MAINLY, WITH UNPAIDING, IS A PERMANENT RECORD.
 IN CASE OF DEATH, THIS CHILD, NO B, ETC. IN QUESTION B.
 FIRST-BORN NO 1 THIS CHILD, NO B, ETC. IN QUESTION B.
 M. H. — In case of death, this child, no b, etc. in question b.
 M. H. — In case of death, this child, no b, etc. in question b.