

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or Inc. Town of Piedmont

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

42622

Registration District No. 22 Registered No. 60  
(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 Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 20 1922  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME H. S. Knight (14) NAME BEFORE MARRIAGE Ethel Hooker(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C. (15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years) (Years)(12) BIRTHPLACE S.C. (18) BIRTHPLACE M.C.(13) OCCUPATION Widow (19) OCCUPATION Domestic(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 born at 2:00 M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) J. L. Cam... (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont

Given name added from a supplemental report

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

(27) Filed Dec 25 1922 (28) J. L. Be... 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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