

(1) PLACE OF BIRTH

County of *Dorchester*
 Township or *Dorchester*
 or
 Inc. Town of

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

No. - For State Register Only

10244

Registration District No. 17.0

Registered No. 9

(For use of Local Registrar)

St. Ward)

(No.
 If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(a) Boy or Girl

girl

(b) Day of Month

To be completed only in case of Twins or Triplets

(c) Month in Year of Birth

Year of Birth

(d) Sex

Male

(e) Date of Birth

yes

Date

Jan. 23, 1923

Mother

(f) FULL NAME

Oliver James Knights

(g) PRESENT POSTOFFICE OF FATHER

Summerville, S.C.

(h) COLOR OR RACE

White

(i) AGE AT LAST BIRTHDAY

47

(j) BIRTHPLACE

Dorchester Co.

(k) OCCUPATION

Farmer

(l) Number of children born to mother, including present birth

1 8

(m) Name of mother

Ella Anna Cuttler

(n) Present Postoffice of Mother

Summerville, S.C.

(o) COLOR OR RACE

White

(p) AGE AT LAST BIRTHDAY

40

(q) BIRTHPLACE

Dorchester Co.

(r) OCCUPATION

Housewife

(s) Number of children of this mother now living, including present birth

7

(t) Number of stillbirths

0

(u) Stillborn (Hour, Min. sec.)

00:00:00

(v) Signature of Physician or Midwife

Edward W. Timmons

(w) Address of Physician or Midwife

Physician & Surgeon's Office, Summerville, S.C.

GIVEN NAME added from a supplemental report

(x) Witness

(y) Signature of Witness necessary only when question 23 is signed *no* hereto

(z) Signed

1/26/1923

(aa) Registered

John G. Foster

*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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