

## (1) PLACE OF BIRTH

County of Willoughby  
 Township of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24285

Inc. Town of ..... Registration District No. 431 Registered No. 23  
 or  
 or  
 City of ..... 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 Henry Hays M. Knight 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14 1912  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Alexander M. Knight

(9) PRESENT POSTOFFICE OF FATHER Kingslee St.

(10) COLOR OR RACE Neg. (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Willoughby

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucra Wilson

(15) PRESENT POSTOFFICE OF MOTHER Kingslee St.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Willoughby

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Paul

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

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness .....

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

(27) Filed May 20 1912 (28) W. E. Snowden 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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