

(1) PLACE OF BIRTH

County of Sheldon S.C.

Township of

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

Registration District No. 60819

No. for this Register

2956

Registered No. 77
(For use of Local Registrar)(2) Full Name of Child Deann M. Knight

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

(3) Boy(4) Yes
To be answered only in case of Twins or Triplets(5) Number in
order of birth 2(6) Are
Parents
Married Yes(7) DATE OF
BIRTH Feb. 1, 1933
(Month of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Deann M. Knight(9) PRESENT
POSTOFFICE
OF FATHER Sheldon S.C.(10) COLOR
OR
HAIR negro (11) AGE AT LAST
BIRTHDAY 25
(Years)(12) BIRTHPLACE
Pages Point(13) OCCUPATION
Farmer

MOTHER.

(14) NAME BEFORE
MARRIAGE Sarah Robinson(15) PRESENT
POSTOFFICE
OF MOTHER Sheldon S.C.(16) COLOR
OR
HAIR negro (17) AGE AT LAST
BIRTHDAY 28
(Years)(18) BIRTHPLACE
Pages Point(19) OCCUPATION
Farmer(20) Number of children born to
mother, including present birth 1 2(21) Number of children of this mother
now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Robinson

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

Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb. 3 19 33 (28) Barnes Hall*When there was no attending physician or midwife, then the father, householder, etc., should report.
If a child breathes even once, it must not be reported as stillborn. No report is needed before the fifth month of pregnancy.