

(1) PLACE OF BIRTH

County of *Laurens*

Township of

or

Inc. Town of

or

City of *Laurens*

(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

Registration District No. *299*Registered No. *8157*

(For use of Local Registrar)

(2) Full Name of Child *William Columbus Knight*

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

(3) BOY OR GIRL? *MC*(4) Twin or Triplet? *No*(5) Number in order of birth *1*

To be answered only in event of Twin or Triplet

(6) Age Parents Married *34*(7) DATE BIRTH *Feb. 26, 22*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William Edward Knight*(9) PRESENT POSTOFFICE OF FATHER *Laurens, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *37* (Years)(12) BIRTHPLACE *Laurens Co., S.C.*(13) OCCUPATION *Electrician*(14) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Reals Spencer*(15) PRESENT POSTOFFICE OF MOTHER *Laurens, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18* (Years)(18) BIRTHPLACE *York Co., S.C.*(19) OCCUPATION *Housewife*(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 *Born alive* (Hour A. M. or P. M.) *2 a* on the date above stated.(23) (Signature) *Jesse H. Hagan*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Laurens, S.C.*

Given name added from a supplemental report

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

(27) Filed *Mar 1 1911* (28) *C. S. Kennedy* 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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