

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

County of Laurens

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

Township of

or Inc. Town of

City of Laurens

Registration District No. 299 Registered No. 8157

(No. 204 So. Harper St., 5th Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Columbus Knight

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

(3) BOY OR GIRL? M

(4) Twin or Triplet? No

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 26 1922

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

(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 Reels Spencer

(15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18

(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 or stillborn on the date above stated.

(23) (Signature) Jesse H. Drayton (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Laurens, S.C.

Area name added from a supplemental report

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

(27) Filed Mavis R. (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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