

(1) PLACE OF BIRTH

County of Spokane
 Township of Paradise
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

22632

Registration District No. 4006Registered No. 54
(For use of Local Registrar)

City of (No. 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 Ruth Knuckles If child is not yet named, make supplemental report as directed

(3) SEX OR GAVEL Girl (4) Type of Infant To be covered only in event of Type or Triple (5) Number in order of birth yes (6) Age of Child 2-15-23
 (7) DATE OF BIRTH (Month) (Day) (Year)

FATHER. (8) FULL NAME Wiley Knuckles (9) PRESENT POSTOFFICE OF FATHER Trough, S.C. (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 42 (12) BIRTHPLACE S.C. (13) OCCUPATION Laborer
 MOTHER. (14) NAME BEFORE MARRIAGE Mary Fernandez (15) PRESENT POSTOFFICE OF MOTHER Trough, S.C. (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 43 (18) BIRTHPLACE S.C. (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 11 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (23) (Signature) W. L. Knuckles (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Paradise, 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 12-15-23 (28) 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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