

Form No. 1

## (1) PLACE OF BIRTH

County of GreenvilleTownship of SumnerInc. Town of Fountain Inn

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

File No.—For State Registrar Only

42665

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

## (2) Full Name of Child

Ethel Inez Knight

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? ✓

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 10 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ethel Knight(9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION factory(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Inez Moore(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House(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 alive at 330 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Thomason(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Fountain Inn 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 19 (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.

N. B.—In case of stillbirth, use a separate blank form for each child, and mark the

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.