

(1) PLACE OF BIRTH

County of Granville....

Township of

Inc. Town of St. George, SC.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar

368.1

Registration District No. 1702Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child David Knight

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

3 BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 3, 1923</u> (Month) (Day) (Year)
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FATHER.

1 FULL NAME Robert Knight

2 PRESENT POSTOFFICE OF FATHER St George SC.

10 COLOR OR RACE White

11 AGE AT LAST BIRTHDAY 32
(Year)

12 BIRTHPLACE St George S.C.

13 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE Ester Rouse

15 PRESENT POSTOFFICE OF MOTHER St George SC.

16 COLOR OR RACE White

17 AGE AT LAST BIRTHDAY 28
(Year)

18 BIRTHPLACE Certinay SC.

19 OCCUPATION House Wife

20 Number of children born to mother, including present birth 13(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 11:55 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) D. J. Hunsley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

May 8, 1923David Knight

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

(28) 19

(29) D. J. Hunsley
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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