

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Charleston</u></p> <p>Township of <u>Charleston</u></p> <p>or</p> <p>Inc. Town of <u>Charleston</u></p> <p>or</p> <p>City of <u>Charleston</u></p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>77256</p>
<p>(2) Full Name of Child <u>Marguerite Knight</u></p>		<p>Registration District No. <u>205</u> Registered No. <u>40</u></p> <p>(For use of Local Registrar)</p> <p>If child is not yet named, make supplemental report as directed</p>		
<p>(3) BOY OR GIRL? <u>Girl</u></p>	<p>(4) Twin or Triplet? <u>No</u></p>	<p>(5) Number in order of birth <u>1</u></p> <p><small>To be answered only in event of twins or triplets</small></p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>April 2</u> 19<u>11</u></p> <p>(Name of Month) (Day) (Year)</p>
<p>FATHER.</p> <p>(8) FULL NAME <u>William Marion Knight</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Home Park S.C.</u></p> <p>(10) COLOR OR RACE <u>White</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)</p> <p>(12) BIRTHPLACE <u>Charleston S.C.</u></p> <p>(13) OCCUPATION <u>Farmer</u></p> <p>(20) Number of children born to mother, including present birth <u>1</u></p>		<p>MOTHER.</p> <p>(14) NAME BEFORE MARRIAGE <u>Miss Annie Stokes</u></p> <p>(15) PRESENT POSTOFFICE OF MOTHER <u>Home Park S.C.</u></p> <p>(16) COLOR OR RACE <u>White</u></p> <p>(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)</p> <p>(18) BIRTHPLACE <u>Charleston S.C.</u></p> <p>(19) OCCUPATION <u>Housewife</u></p> <p>(21) Number of children of this mother now living, including present birth <u>1</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p> <p>(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:30</u> P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p> <p>(23) (Signature) <u>H. P. Knight</u></p> <p>(24) State whether Physician or Midwife <u>Physician</u></p> <p>(25) Address of Physician or Midwife <u>Home Park S.C.</u></p>				
<p>Given name added from a supplemental report</p> <p>....., 191.....</p> <p>....., 191.....</p> <p>Registrar</p>		<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>April 2</u> 191<u>1</u> (28) <u>C. D. Smith</u> Local Registrar</p>		

*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.

*A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.