

MAINTAIN SEPARATE RECORD FOR EACH CHILD, AND MAKE THE
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 make the
FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Lexington, S.C.
Township of Gilbert, S.C.
or
Inc. Town of
or
City of

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

Registration District No. 3107

File No.—For State Registrar Only
43527

Registered No. 109
(For use of Local Registrar)

(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 Marie Bouknight (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>—</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 29, 1922</u> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <u>Lidney Bouknight</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>Lidie Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gilbert, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Gilbert, S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

see office
5-11-44

(23) (Signature) B. G. Smith, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Gilbert, 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 Dec 29, 1922 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.

(28) Filed 31-20-42 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.