

## (1) PLACE OF BIRTH

County of South CarolinaTownship of Fultonor  
Inc. Town of .....or  
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 Samuel M. Knight If child is not yet named, make supplemental report as directed

3 BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 11, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

8 FULL NAME Samuel M. Knight9 PRESENT POSTOFFICE OF FATHER Rivini S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)12 BIRTHPLACE S.C.13 OCCUPATION Farmer20 Number of children born to mother, including present birth 1 3

## MOTHER.

14 NAME BEFORE MARRIAGE Rosa C. Thompson15 PRESENT POSTOFFICE OF MOTHER Rivini S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)18 BIRTHPLACE S.C.19 OCCUPATION House wife21 Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Aline G.A. at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Matilda White(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Pinebluff 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 July 10, 1922 (28) C. J. Giffin 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.