(1) PLACE OF BIRTH

County of Marlboro

Township of Clio

or

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.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 330

File No.—For State Registrar Only

31278

Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child Mark Knox Jr.

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

| (3) BOY OR GIRL | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| Boy | | | yes | 9/25/32 |

## FATHER

(8) FULL NAME: Mark Knox

(9) PRESENT POSTOFFICE OF FATHER: Gibson N C

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 31 (Years)

(12) BIRTHPLACE: NC

(13) OCCUPATION: Farm Laborer

(14) Number of children born to mother, including present birth: 6

## MOTHER

(14) NAME BEFORE MARRIAGE: Maggie Sloper

(15) PRESENT POSTOFFICE OF MOTHER: Gibson N C

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: SC

(19) OCCUPATION: Domestic

(21) Number of children of this mother now living, including present birth: 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated. (Hour, A. M. or P. M.)

(23) (Signature) Jno Hall M D

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gibson N C

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/10 1932 (28) A. L. Newton

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.

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.

Local Registrar.