

(1) PLACE OF BIRTH

County of Charles Town
 Township of Johns Island
 or
 Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25228

Registration District No. 905

Registered No. 70
 (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 Chester Mc Gill Knight

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

(3) SEX OR GEAR? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Apr. 13, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Knight
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Johns Island
 (19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Kellie Brown
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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

(27) Filed Aug. 17, 1922 (28) Mrs. C. H. Hills 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.