

WHITE PLAIN, WITH EXPANDING USE—THIS IS A PERMANENT RECORD.  
N. H.—In case of TWINS, use SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Spaulding  
Township of "  
or  
Inc. Town of Drayton Mills  
or  
City of \_\_\_\_\_

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

File No.—For State Registrar Only  
**2540**

Registration District No. 4008 Registered No. 4  
(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 Clarence Knight If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 5 22  
(Day of Month) (Day) (Year)

FATHER  
(8) FULL NAME William Knight  
(9) PRESENT POSTOFFICE OF FATHER Arcevia S.C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE Kenshaw S.C.  
(13) OCCUPATION Mill Laborer

MOTHER  
(14) NAME BEFORE MARRIAGE Lillian James  
(15) PRESENT POSTOFFICE OF MOTHER Drayton Mills  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Spaulding S.C.  
(19) OCCUPATION Domestic

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Domellive at 7:53 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. H. Parker  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spaulding 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 Jan 20 1922 (28) C. F. Parker 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.

12-5090-1-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100