

## (1) PLACE OF BIRTH

County of Dorchester

Township of .....

or Inc. Town of Harleyville

or City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

31988

Registration District No. 17.4.3Registered No. 63  
(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

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

3 SEX OR CHILD Boy 4 Twin or Triplet 1 5 Number in order of birth 2 6 Are Parents Married yes 7 DATE OF BIRTH 9 15 25  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME W. Lee Knight9 PRESENT POSTOFFICE OF FATHER Harleyville S.C.10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 26  
(Year)12 BIRTHPLACE Harleyville S.C.13 OCCUPATION farmer

## MOTHER.

14 NAME BEFORE MARRIAGE Maud Maister15 PRESENT POSTOFFICE OF MOTHER Harleyville S.C.16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 22  
(Year)18 BIRTHPLACE Pregnado19 OCCUPATION Home wife20 Number of children born to mother, including present birth 1 2 21 Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 A. M. on the date above stated. (How alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Johnston (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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

(27) Filed Nov. 14 1923 (28) Betty Jennings 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 1

Local Registrar

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