

(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. 1743 Registered No. 63  
(For use of Local Registrar)

(2) Full Name of Child .....

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

3 SEX OR CHILD Boy (4) Type or Triplet 1 (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH 9 15 25  
To be covered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
8 FULL NAME Albee Knight  
9 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  
14 Number of children born to mother, including present birth 1 2

**MOTHER.**  
14 NAME BEFORE MARRIAGE Maud Mahter  
15 PRESENT POSTOFFICE OF MOTHER Harleyville S.C.  
16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)  
18 BIRTHPLACE Pregnals  
19 OCCUPATION Home wife  
(21) Number of children of this mother now living, including present birth 1 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Albee at 5 A. M. on the date above stated. (How alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Johnston (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov. 14 1925 (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  
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