

Form No. 1

(1) PLACE OF BIRTH

County of WilliamsonTownship of Loweror
Inc. Town of Loweror
City of Lower

(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. 4305

File No. For State Registrar Only

30731Registered No. 82
(For use of Local Registrar)(No. St. Ward)(2) Full Name of Child James Louis Knight

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

| | | | | |
|-------------------------------|---|------------------------------|--|---|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Sept 30, 1922</u> (Name of Month) (Day) (Year) |
|-------------------------------|---|------------------------------|--|---|

| FATHER. | | MOTHER. | |
|---|--|--|---|
| (8) FULL NAME <u>Harris Cyrus Knight</u> | (14) NAME BEFORE MARRIAGE <u>Emma Jane Manzon</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Lower, S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Lower, S.C.</u> |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) |
| (12) BIRTHPLACE <u>Hamburg Co., S.C.</u> | (18) BIRTHPLACE <u>Hamburg Co., S.C.</u> | (13) OCCUPATION <u>Farmer</u> | (19) OCCUPATION <u>Housewife</u> |
| (20) Number of children born to mother, including present birth <u>One</u> | (21) Number of children of this mother now living, including present birth <u>One</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Living at 4:00 on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Schaefer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Lower, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
Mary Manzon(27) Signed Oct 15, 1922 (28) A. R. Moseley
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.