

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of Charleston...

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17830

Registration District No. 9.ARegistered No. 799...

(For use of Local Registrar)

(No. 63 Washington St.; ..... 7 Ward)

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

3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF

BIRTH June 6, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

George Knowles

9) PRESENT POSTOFFICE OF FATHER

Don't know

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

18

(Years)

12) BIRTHPLACE

Chattanooga, Tenn.

13) OCCUPATION

Soldier U.S.A.

20) Number of children born to mother, including present birth

First

## MOTHER.

(14) NAME BEFORE MARRIAGE

Helen Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

16

(Years)

(18) BIRTHPLACE

Greenville, S.C.

(19) OCCUPATION

None

(21) Number of children of this mother now living, including present birth

First

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:36 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianCharleston, 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

6/27 1922 J. W. Green S.C.  
Local Registrar

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.