

(1) PLACE OF BIRTH

County of Charleston
 Township of Campobello
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32227

Registration District No. 4201-0 Registered No. 81
 (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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 10 22</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Young Kneway</u>			(14) NAME BEFORE MARRIAGE <u>Katie Wingate</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumner SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>same</u>	
(10) COLOR OR RACE <u>Caucas</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Year)	(16) COLOR OR RACE <u>Cauc</u>		
(12) BIRTHPLACE <u>SC</u>		(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>SC</u>		
(19) Number of children born to mother, including present birth <u>2</u>		(20) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was 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

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed

(28) Date

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.

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