

Form No. 1

(1) PLACE OF BIRTH

County of Greenwood
 Township of Walnut Grove
 or Wauchoke
 Inc. Town of SC
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30613

Registration District No. 2314 Registered No. 93
 (For use of Local Registrar)

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

(2) Full Name of Child Laura Laver Knight child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 30 22
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. B. Knight
 (9) PRESENT POSTOFFICE OF FATHER Wauchoke
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE Lomax, SC

(13) OCCUPATION Calton mill

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Fanny Stigh
 (15) PRESENT POSTOFFICE OF MOTHER Wauchoke
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
 (Years)

(18) BIRTHPLACE Newburg, SC

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 10th
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State of this Physician or Midwife South Carolina (25) Address of Physician or Midwife Wauchoke

Given name added from a supplemental report

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

(27) Filed Oct 19 (28) Local Registrar [Signature]

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.