

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

File No. For State Registrar Only

90070

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

2205

Registered No.

184

(For use of Local Registrar)

St.;

Ward)

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet

X

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 29 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Edward Knight

(9) PRESENT POSTOFFICE OF FATHER

Honey Rock, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Horry Co

S.C.

(13) OCCUPATION

Farmer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Lee James

(15) PRESENT POSTOFFICE OF MOTHER

Honey Rock, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Horry Co. S.C.

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

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 supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

Dec 30 1916

(28)

C. J. Smith

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.

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