

(1) PLACE OF BIRTH  
County of Wichita  
Township of 1st  
or  
Inc. Town of.....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 1301

Registered No. 12  
(For use of Local Registrar)

(2) Full Name of Child James Earl McNight  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD Male  
(4) AGE AT BIRTH 31  
(5) DATE OF BIRTH Feb 2, 1923

**FATHER**  
(6) NAME James M. Knight  
(7) RESIDENCE Greenville S.C.  
(8) COLOR White (9) AGE AT LAST BIRTH 31  
(10) BIRTHPLACE S.C.  
(11) OCCUPATION Farmer  
(12) Number of children born to mother, including present birth 3

**MOTHER**  
(13) NAME Mariah Fannin Knight  
(14) RESIDENCE Greenville S.C.  
(15) COLOR White (16) AGE AT LAST BIRTH 28  
(17) BIRTHPLACE S.C.  
(18) OCCUPATION Housewife  
(19) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(20) I hereby certify that I attended the birth of this child, who was born alive at 6:30 a.m. on the date above stated.  
(21) (Signature) Marion M. Gentry  
(22) State whether Physician or Midwife (23) Address of Physician or Midwife Greenville S.C.  
(24) Given name added from a supplemental report  
(25) Witness (Signature of Witness necessary only when question 22 is signed "Midwife")  
(26) Signed Feb 7, 1923 (27) H. Black  
Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person present at the birth, must sign this certificate, and if a child breathes even once, it must not be reported as stillborn, but as born before the birth month of January.