

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(1) SEX MALE	(2) Type or Triplet	(3) Number in order of birth	(4) Are Twin or Triplet	(5) DATE OF BIRTH
	To be answered only in event of Twin or Triplet	3	Yes	June 20, 1921
(6) FATHER FULL NAME William Knight			(7) MOTHER FULL NAME Mary Reamer	
(8) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.			(9) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.	
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 21	(12) COLOR OR RACE White		
(13) BIRTHPLACE Fountain S.C.	(14) AGE AT LAST BIRTHDAY 22	(15) BIRTHPLACE Fountain S.C.		
(16) OCCUPATION C. Mill hand			(17) OCCUPATION Housework	
(18) Number of children born to mother, including present birth 3			(19) Number of children of this mother now living, including present birth 3	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Hour A. M. or P. M.)

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(Given name added from a supplement-
tal report)

(24) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)19
Registrar

(25) Filed 19 (26) 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.