

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Charleston, S.C.

(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. 9 A

No. for State Registrar Only

23556

Registered No. 935

(For use of Local Registrar)

(2) Full Name of Child Harriet Ellen Knight

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>yes</u>	(7) DATE OF BIRTH <u>Feb 15th</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>A Palmer Knight</u>	(14) NAME BEFORE MARRIAGE <u>Elizabeth Barnes</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)
(12) BIRTHPLACE <u>A.S.</u>	(18) OCCUPATION <u>Fireman</u>	(19) BIRTHPLACE <u>A.S.</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>1</u>		(22) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born alive at 1304 M. on the date above stated. (Born alive or Stillborn) (Hour or P. M.)

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

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

(28) Filed 9/12 1923 (29) 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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