

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Chillicothe  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 2804

File No. — For State Registrar Only  
**43189**

Registered No. 226  
 (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 Bosley Ellen Knight (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? 4 (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 10 1922 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. Knight  
 (9) PRESENT POSTOFFICE OF FATHER Lancaster SC  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Kershaw Co.  
 (13) OCCUPATION Ex-Act Hand  
 (20) Number of children born to mother, including present birth 17

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lykes  
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster SC  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Kershaw Co  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Wm. Knight

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lancaster SC

Given name added from a supplemental report

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

(27) Filed 12-5-22 (28) J. H. Harrison 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.