

(1) PLACE OF BIRTH

County of LanierTownship Americanor  
Inc. Town ofor  
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

File No.—For State Registrar Only

90659

Registration District No. 2906Registered No. 93

(For use of Local Registrar)

(2) Full Name of Child

William H. Knight

child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec. 221916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Frank M. Knight

(9) PRESENT POSTOFFICE OF FATHER

Ward Shoals

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Lanier Co.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Letta May Boywell

(15) PRESENT POSTOFFICE OF MOTHER

Ward Shoals

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Lanier Co.

(19) OCCUPATION

housewife

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

4

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

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

(27) Filed Jan 8 1917(28) Mr. J. Sullivan Local Registrar.

Given name added from a supplemental report

, 191...

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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