

(1) PLACE OF BIRTH

County of Lantern

Township American

or  
Inc. Town of .....

or  
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. 2906 Registered No. 93  
(For use of Local Registrar)

(2) Full Name of Child. William B. Keel Knight CHILD is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22 1916  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Frank M Knight  
(9) PRESENT POSTOFFICE OF FATHER Ware Shoals  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE Lantern C. S.  
(13) OCCUPATION farmer  
(20) Number of children born to mother, including present birth 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Letta May Boywell  
(15) PRESENT POSTOFFICE OF MOTHER Ware Shoals  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Lantern C. S.  
(19) OCCUPATION housewife  
(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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ware Shoals S. C.

Given name added from a supplemental report  
....., 191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
(27) Filed Jan 8 1917 (28) Mr. J. Sullivan 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.

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McCaw of Columbia, S. C. State of South Carolina—Bureau of Vital Statistics—Form No. 3. Third Edition, Nov. 2, 1916. State in operation Nov. 2, 1916.