

(1) PLACE OF BIRTH

County of Bamberg

Township of .....

or  
Inc. Town of Bambergor  
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

63082

Registered No. 22  
(For use of Local Registrar)

(2) Full Name of Child .....

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

(3) <u>Girl</u> Boy or Girl?	(4) <u>Twins</u> Twin or Triplet?	(5) <u>1</u> Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) <u>Married</u> Are Parents Married?	(7) <u>June 6 1916</u> DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
---------------------------------	--------------------------------------	--	--	--

## FATHER.

(8) FULL NAME John C. Knight(9) PRESENT POSTOFFICE OF FATHER Bamberg SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Cotton mill operator(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Estell Creech(15) PRESENT POSTOFFICE OF MOTHER Bamberg SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Bamberg(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Black(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bamberg SC

Given name added from a supplemental report

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

(27) Filed June 7 1916 (28) John Coover 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.

\*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.

FORM NO. 1  
MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY. WITH ENLARGING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.