

(1) PLACE OF BIRTH

County of RichTownship of 1or
Inc. Town of 1or
City of Cole

(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

12582

Registration District No. 38Registered No. 4-3

(For use of Local Registrar)

(No. 12582 3 Clock Cut St. 1 Ward)(2) Full Name of Child Gertrude Knight

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? 1(5) Number in order of birth
to be answered only in case of twin or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH March 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas Howard Knight(9) PRESENT POSTOFFICE OF FATHER Cole SC(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Reverend(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mauda Hayer(15) PRESENT POSTOFFICE OF MOTHER Cole SC(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Hayer(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 1533 Academy St.

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) File

(28)

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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