

(1) PLACE OF BIRTH

County of W. ChesburgTownship of Bridge

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only2725Registration District No. 4309Registered No. 1
(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 Vera McKnight

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 1, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ross McKnight(9) PRESENT POSTOFFICE OF FATHER Cades S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Winesburg C. S.C.(13) OCCUPATION Farmer hand(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Arro Haselden(15) PRESENT POSTOFFICE OF MOTHER Cades S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Winesburg(19) OCCUPATION House wit

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was L. S. McKnight at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Becky Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cades S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 21 is signed by Mark)

(27) Date Jan. 10, 22 (28) Local Registrar R. T. Epps

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.