

MARGIN RESERVED FOR BINDING.

WHITE MAINLY WITH UNFADING 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.

FORM 5-6
MICHIGAN OF COLUMBIA, COLUMBIA, D. C.

(1) PLACE OF BIRTH

County of San Diego
Township of San Diego
or
Inc. TOWN of San Diego
or
City of San Diego
(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

8641

Registration District No. 31-a Registered No. 316
(For use of Local Registrar)

(2) Full Name of Child

Elizabeth Knight

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Feb. 28, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. Knight
(9) PRESENT POSTOFFICE OF FATHER 48 Wayne St
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE W. Va
(13) OCCUPATION Seabor
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE May Belle Wason
(15) PRESENT POSTOFFICE OF MOTHER 48 Wayne St
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Cherokee SC
(19) OCCUPATION House wif
(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 alive at 4:40 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. P. Schipper

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

Given name added from a supplemental report

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

(27) Filed 4/13 1922 (28) W. Hampton Duke 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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