

## (1) PLACE OF BIRTH

County of HorryTownship of Carror  
Inc. Town of .....

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 HealthNo. for State Registrar Only  
**28127**Registration District No. 1701 Registered No. 14  
(For use of Local Registrar)

## (2) Full Name of Child

James Ailee Knight

If 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 1st (6) Age Parents Married Yes (7) DATE OF BIRTH Sept. 15, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ailee Knight(9) PRESENT POSTOFFICE OF FATHER Harleyville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
(Year)(12) BIRTHPLACE Harleyville(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Maud Weather(15) PRESENT POSTOFFICE OF MOTHER Harleyville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Year)(18) BIRTHPLACE Prayville(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rada Evans(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Harleyville S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 2, 1923 (28) Uzella M. Johnston Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.