

Form No. 1

(1) PLACE OF BIRTH

County of Orange  
Township of Windsor  
Inc. Town of .....  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

1773

Registration District No. 3505 Registered No. 23  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hellen May Knott If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb 20 1933  
To be covered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
8) FULL NAME Eod Knott  
9) PRESENT POSTOFFICE OF FATHER Westminster  
10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 51  
12) BIRTHPLACE Franklin Co Ga.  
13) OCCUPATION Framing  
20) Number of children born to mother, including present birth 6

MOTHER  
14) NAME BEFORE MARRIAGE Ella Daniel  
15) PRESENT POSTOFFICE OF MOTHER Westminster, Sc.  
16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 31  
18) BIRTHPLACE Franklin Co Ga.  
19) OCCUPATION House Keeping  
21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)  
[Signature]  
(27) Filed Feb 27 1933 (28) [Signature] 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 reports desired of stillbirths before the fifth month of pregnancy.