

Form No. 1

(1) PLACE OF BIRTH

County of Orange
 Township of Orange
 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

William Knox

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 Edd Knox
 (9) PRESENT POSTOFFICE OF FATHER Westminster
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 51
 (12) BIRTHPLACE Franklin Co. Ga.
 (13) OCCUPATION Framming

MOTHER
 (14) NAME BEFORE MARRIAGE Ella Daniel
 (15) PRESENT POSTOFFICE OF MOTHER Westminster, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31
 (18) BIRTHPLACE Franklin Co. Ga.
 (19) OCCUPATION House Keeping
 (20) Number of children born to mother, including present birth 6
 (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 White at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Issa Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. H. Hull
 (27) Filed Mar 2 1933 (28) J. H. Hull 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.