

(1) PLACE OF BIRTH

County of Spaulding  
 Township of Cherokee  
 or  
 Loc. 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 Only

16718

Registration District No. 2002 B

Registered No. 33  
 (For use of Local Registrar)

(2) Full Name of Child Ola Knuckles  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)  
 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 May 5 1922  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Ray Knuckles  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee SC  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 39 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ola Peak  
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee SC  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 9

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Roman at 3 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan Pank  
 (24) State whether Physician or Midwife Midwife (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 May 1922 (28) W. W. Painter 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.