

PLAINLY, 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Sec'd by Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Lancaster  
 Township of Sullivan  
 or  
 Inc. Town of Wet. #4  
 or  
 City of Gray Court  
 (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  
35272

Registration District No. 2906 Registered No. 70  
 (For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Silas Benjamin Knight

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 21<sup>st</sup> 1922  
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Thomas Wade Hampton Knight

(9) PRESENT POSTOFFICE OF FATHER Gray Court #4, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43  
 (Year)

(12) BIRTHPLACE Abbeville, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 10

MOTHER

(14) NAME BEFORE MARRIAGE Len Bonds

(15) PRESENT POSTOFFICE OF MOTHER Gray Court #4, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43  
 (Year)

(18) BIRTHPLACE Lancaster, S.C.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Donnan  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Waverly, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 24 1922 (28) Mrs. S. Sullivan 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.