

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Williamsburg STATE OF SOUTH CAROLINA.
 Township of Monzong S6 Bureau of Vital Statistics
 State Board of Health
 Inc. Town of Registration District No. 4306 Registered No. 68
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
75130

(2) Full Name of Child Emma M. Knight } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 6, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Henry M. Knight
 (9) PRESENT POSTOFFICE OF FATHER Kingstreet S6
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Clarendon Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three

MOTHER.
 (14) NAME BEFORE MARRIAGE Tira Monzon
 (15) PRESENT POSTOFFICE OF MOTHER Kingstreet S6 R#2
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Williamsburg Co
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 o'clock P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Calcutt Monzon
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingstreet S6 R#2

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness Henry M. Knight
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 25 1916. (28) J. T. Finney 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.

MARGIN RESERVED FOR BINDING.
 WRITE 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 the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 J. Cav., of Columbia.