

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of

State Board of Health

File No.—For State Registrar Only

75130

Inc. Town of

Registration District No. 4306 Registered No. 68

(For use of Local Registrar)

City of

(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 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug. 6, 1916

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Henry M. Knight

(14) NAME BEFORE MARRIAGE

Tira Monzon

(9) PRESENT POSTOFFICE OF FATHER

Kingstreet Rd #2

(15) PRESENT POSTOFFICE OF MOTHER

Kingstreet Rd #2

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

30

(Years)

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Clarendon Co

(18) BIRTHPLACE

Williamsburg Co

(13) OCCUPATION

Farmer

(19) OCCUPATION

House Wife

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

Three

(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 7 o'clock P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Celot Mangon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mid Wife

Kingstreet Rd #2

Given name added from a supplemental report

(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. ...

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.

Caw, of Columbia.