

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Edward Percy Knight

File No.—For State Registrar Only

25430

Registration District No.

12 A

Registered No.

54

(For use of Local Registrar)

St.; ..... Ward)

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

3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 18, 1922

## FATHER.

8) FULL NAME

George E. Knight

9) PRESENT POSTOFFICE OF FATHER

Cheraw S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41 (Years)

(12) BIRTHPLACE

Chesterfield County

(13) OCCUPATION

Farming

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie G. Funderburk

(15) PRESENT POSTOFFICE OF MOTHER

Cheraw S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38 (Years)

(18) BIRTHPLACE

Lancaster County

(19) OCCUPATION

House wife

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Cheraw S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Sept 4, 1922

(28)

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.

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