

Form No. 1

## (1) PLACE OF BIRTH

County of York  
 Township of Chango  
 or  
 Inc. 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

9534

Registration District No. 4404 Registered No. 26  
 (For use of Local Registrar)

(If birth occurs in a hospital, the usual name of same instead of street and number.) St. .... Ward

(2) Full Name of Child Robt Hester Knox (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth no (6) Are Parents Married? no (7) DATE OF BIRTH 3/27/22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER (8) FULL NAME Clis Weeks (10) NAME BEFORE MARRIAGE Matthe Knox

(9) PRESENT POSTOFFICE OF FATHER SK (11) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 22  
 (Year) (Year)

(12) BIRTHPLACE SK (14) BIRTHPLACE S.C.

(13) OCCUPATION SK (15) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Clara Hester (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife SK

Given name added from a supplemental report

(26) Witness Dr. Jones (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/4 19 22 Local Registrar Jamie

\*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.

WAYS 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.