

(1) PLACE OF BIRTH

County of Flamers

Township of

Inc. Town of Larr

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2009

No. for this Register

40290

Registered No. 139
(For use of Local Registrar)(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 J. M. M. Knight If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Type or Token 1 (5) Number in order of birth 1 (6) Sex you (7) DATE OF BIRTH Dec 9, 1923
(Month of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>J. M. M. Knight</u>	(14) NAME BEFORE MARRIAGE <u>Idell M. C. Cuthbert</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Scranton P. S.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Scranton P. S.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u>
(12) BIRTHPLACE <u>Flamers Co</u>	(18) BIRTHPLACE <u>Flamers</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Scratch Cooperfield (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scranton P. S.

Given name added from a supplemental report

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

(27) Filed 12-17-23 (28) Phyllis

When there was no attending physician or midwife, then the birth must be reported as follows: If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.