

## (1) PLACE OF BIRTH

County of Lawrence  
 Township of Youngs  
 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

43336

Registration District No. 2908 Registered No. 87  
 (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 William Henry Knight 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 27, 22  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME William B. Knight  
 9) PRESENT POSTOFFICE OF FATHER Lawrence S.C.  
 10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 48  
 (Years)  
 12) BIRTHPLACE Spartanburg Co. S.C.  
 13) OCCUPATION Farmer

## MOTHER.

14) NAME BEFORE MARRIAGE Minnie Casey  
 15) PRESENT POSTOFFICE OF MOTHER Lawrence S.C.  
 16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 44  
 (Years)  
 18) BIRTHPLACE Spartanburg Co.  
 19) OCCUPATION Domestic

20) Number of children born to mother, including present birth 9 (21) Number of children of this mother now living, including present birth 8

## 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) C. D. Hanna  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lawrence 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 1/10 1923 (28) R. B. Harris 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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