

(1) PLACE OF BIRTH

County of Rowee

Township of

OF Blackshurg

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1000 aRegistered No. 26

(For use of Local Registrar)

File No.—For State Registrar Only

10424

(2) Full Name of Child Mary Know

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parent(s) Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 8, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(9) FULL NAME John Know(9) PRESENT POSTOFFICE OF FATHER Blackshurg SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46
(Year)(12) BIRTHPLACE Charleston SC(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Prigis Ferguson(15) PRESENT POSTOFFICE OF MOTHER Blackshurg SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39
(Year)(18) BIRTHPLACE Charleston SC(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M.
on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) Emma Morgan

(24) State whether Physician or Midwife (25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness John A. Roberts
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 8, 1922 (28) John A. Roberts
Registrar 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.