

(1) PLACE OF BIRTH

County of Barren
 Township of Blackville
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 10.—For State Registrar Only

2907

Registration District No. 5.4.4. Registered No. 3.....
 (For use of Local Registrar)

City of (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 Carrie Knight If child is not yet named, make supplemental report as directed

(3) SEX OR Girl (4) Twin or Triplet No (5) Number in order of birth No (6) Are Parents Married No (7) DATE OF BIRTH June 29, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME 2
 (9) PRESENT POSTOFFICE OF FATHER 2
 (10) COLOR OR RACE 2 (11) AGE AT LAST BIRTHDAY..... (Years)
 (12) BIRTHPLACE 2
 (13) OCCUPATION 2

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Knight
 (15) PRESENT POSTOFFICE OF MOTHER Blackville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY..... (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION 2

(20) Number of children born to mother, including present birth 3 (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 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Butler (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 2

Given name added from a supplemental report

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

(27) Filed Feb. 1. A. 1922 (28) 11:42. 1. A. 1922

When there was no attending physician or midwife, then the father, householder, etc., should make a report. If a child breathes even once, it must not be reported as stillborn. No report is desired on child before the fifth month of pregnancy.