

(1) PLACE OF BIRTH

County of Charleston

Township of Christ Church

or

Inc. Town of Arvendant

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

29337

Registration District No. 901

Registered No. 102
(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

Giller Knot

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

x

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 31, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Philip Knot

(9) PRESENT POSTOFFICE OF FATHER

Mt Pleasant S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

43
(Years)

(12) BIRTHPLACE

15 mile Mt Pleasant S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Rebecca Giles

(15) PRESENT POSTOFFICE OF MOTHER

Mt Pleasant S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Arvendant S.C.

(19) OCCUPATION

Housekeeper

(21) Number of children of this mother now living, including present birth

Seven

(20) Number of children born to mother, including present birth

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 4 AM.
(Born alive or stillborn) (Hour, M. or P. M.)
on the date above stated.

(23) (Signature)

Giller Knot

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

15 mile Mt Pleasant S.C.

Given name added from a supplemental report

(26) Witness

S. J. Kinsey

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

(27) Filed

August 7, 1922

(28)

J. L. Kinsey
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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