

(1) PLACE OF BIRTH

County of Greenville

Township of

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

42464

Registration District No. 2612 Registered No. 97
(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 Alma Agnes Knight child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>X</u>	(7) DATE OF BIRTH <u>Dec 4 1912</u> (Name of Month) (Day) (Year)
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FATHER.
(8) FULL NAME Robert Knight(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 7MOTHER.
(14) NAME BEFORE MARRIAGE Maggie Thomas(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Williamburg Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma at 8:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) O. D. Smith

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

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/11 1912 (28) A. J. Kelley 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.