

MARGIN RESERVED FOR FINDING.  
WRITE REASONS WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the first-born, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Hopkinton</u>		STATE OF SOUTH CAROLINA		77490	
Township of <u>Proctor</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Early Branch</u>		State Board of Health			
City of .....		Registration District No. <u>3405</u>		Registered No. <u>50</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Harlem Knight</u>				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 <u>2</u>	(6) Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 13, 1916</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Philip Knight</u>			(14) NAME BEFORE MARRIAGE <u>Louise Mauney</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Early Branch</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Early Branch</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>51</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>Early Branch</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Field Work</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>7</u> P.M., (Born alive or stillborn) (Hour A.M. or P.M.)					
on the date above stated.					
(23) (Signature) <u>Rosa X</u>			(25) Address of Physician or Midwife <u>Early Branch</u>		
(24) State whether <u>Midwife</u>					
Given name added from a supplemental report			(26) Witness <u>J. M. McFarland</u>		
			(27) Date <u>Sept. 18, 1916</u>		
			(28) Local Registrar <u>J. M. McFarland</u>		
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 or stillbirths before the fifth month of pregnancy.					