

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of Marion

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2A.7

No. for this Register

240

Registered No. 6
(For use of Local Registrar)

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

(2) Full Name of Child Lillian Lillian Knight

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

3) SEX OF CHILD

girl

4) Type or Title

To be completed in case of Title or Title

5) Number in order of birth

6) Age

7) DATE OF BIRTH

June 12, 1922
(Month of Month) (Day) (Year)

FATHER.

8) FULL NAME

W. B. Knight

9) PRESENT RESIDENCE OF FATHER

Home Path S.C.

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

24
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

mill work

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

One

14) NAME BEFORE MARRIAGE

Matie Fisher

15) PRESENT RESIDENCE OF MOTHER

Home Path S.C.

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

24
(Years)

18) BIRTHPLACE

S.C.

19) OCCUPATION

Domestic

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.(23) (Signature) E. R. Donald

(24) State whether Physician or Midwife

(25) (Born alive or stillborn) (Hour A. M. or P. M.)

(26) Address of Physician or Midwife

Home Path S.C.

(Given name added from a supplemental report)

(27) Witness

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

19 Registrar

(28) Filed June 30, 1922 (29) Janie Williams

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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