

MAKING BLANK FOR THE HINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 1.

Model of Columbia, Columbia, S. C.

N. 3

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Lewisville
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. 3384

Registration District No. 106 Registered No. 17
 (For use of Local Registrar)

(2) Full Name of Child James Lee Knox Jr. (If child is not yet named, make supplemental report as directed)

(3) **BOY OR GIRL** Boy (4) **Twin or Triplet** No (5) **Number in order of birth** 1 (6) **Are Parents Married** Yes (7) **DATE OF BIRTH** Jan. 26, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) **FULL NAME** J. L. Knox
 (9) **PRESENT POSTOFFICE OF FATHER** Radman A.
 (10) **COLOR OR RACE** W (11) **AGE AT LAST BIRTHDAY** 47
 (12) **BIRTHPLACE** A.
 (13) **OCCUPATION** Farmer
 (14) **Number of children born to mother, including present birth** 3

MOTHER.

(15) **NAME BEFORE MARRIAGE** Lucie Williams
 (16) **PRESENT POSTOFFICE OF MOTHER** Radman A.
 (17) **COLOR OR RACE** W (18) **AGE AT LAST BIRTHDAY** 38
 (19) **BIRTHPLACE** A.
 (20) **OCCUPATION** Housewife
 (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 born alive & stillborn (Mark A. M. or P. M.) 9 P.
 on the date above stated.

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Robert A. Radman
 (Signature of Physician or Midwife)

Given name added from a supplemental report

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

(27) Filed 2-21-23 (28) J. L. Hall
 Registrar 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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