

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*

or

Inc. Town of *Lake City, S.C.*City of *Lake City, S.C.* (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 *Harriet William McKnight* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>—</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan. 18, 1922</i> (Month of Month) (Day) (Year)
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To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME *William Martin McKnight*(9) PRESENT POSTOFFICE OF FATHER *Lake City, S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *34*
(Year)(12) BIRTHPLACE *Charleston, S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Prudence Floyd*(15) PRESENT POSTOFFICE OF MOTHER *Lake City, S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *18*
(Year)(18) BIRTHPLACE *Florence, S.C.*(19) OCCUPATION *House Keeping*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *1:45* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *D. J. 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 22 is signed by mark)

(27) Filed *Jan 20, 1922* (28) *E. H. McFadden*
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.