

(1) PLACE OF BIRTH

County of Dorchester

Township of

Inc. Town of St. George

City of

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

(2) Full Name of Child Samuel Knight

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

3 BOY OR GIRL Girl (4) Twin or Triplet None (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 3 1923
 To be answered only in case of Twin or Triplet (Month) (Day) (Year)

PATHER.
 8) FULL NAME Robert Knight
 9) PRESENT POSTOFFICE OF FATHER St. George S.C.
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 12) BIRTHPLACE St. George S.C.
 13) OCCUPATION Farmer

MOTHER.
 14) NAME BEFORE MARRIAGE Estell Russell
 15) PRESENT POSTOFFICE OF MOTHER St. George S.C.
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
 18) BIRTHPLACE Centerville S.C.
 19) OCCUPATION House wife

20) Number of children born to mother, including present birth 3 (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 at St. P.M. on the date above stated. (Born alive or stillborn) (Home A. M. or P. M.)

(23) (Signature) C. Johnston
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

May 8 1923
Janie S. S. 1923

(26) Witness (Signature of Witness necessary when question 22 is signed by mother)

(27) Filed (28) 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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