

## (1) PLACE OF BIRTH

County of *Newberry*

Township of .....

Inc. Town of .....

City of *Newberry*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. *1650* - For State Register Only

1650

Registration District No. *14-11* Registered No. *24*

(For use of Local Registrar)

(No. *14* Ward)

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

(2) Full Name of Child *Eddie Bouknight* (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD

*Girl*

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Age at Birth

DATE *Feb 23, 1923*

BIRTH (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Wm. Bouknight*

(9) PRESENT POSTOFFICE OF FATHER

*Newberry S.C.*

(10) COLOR OR RACE

*Black*

(11) AGE AT LAST BIRTHDAY

*53*

(12) BIRTHPLACE

*Newberry S.C.*

(13) OCCUPATION

*Farmer*

(14) Number of children born to mother, including present birth

*7*

## MOTHER.

(15) NAME BEFORE MARRIAGE

*Annie Sanders*

(16) PRESENT POSTOFFICE OF MOTHER

*Newberry S.C.*

(17) COLOR OR RACE

*Black*

(18) AGE AT LAST BIRTHDAY

*29*

(19) BIRTHPLACE

*Newberry S.C.*

(20) OCCUPATION

*Laundry*

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

*7*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1* A.M. on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)(23) (Signature) *Caroline F. Harris*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Newberry S.C.*

When there was a stillbirth, the report is required of stillbirths

(26) Witness

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

*Feb 24, 1923*

(Signature of Local Registrar)

When there was a stillbirth, the report is required of stillbirths