

(1) PLACE OF BIRTH

County of SpencerTownship of LakeOR
Inc. Town of.....OR
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42399

Registration District No. 2009 Registered No. 1512

(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 24 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Druse McKnight(9) PRESENT POSTOFFICE OF FATHER Scranton SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Evly Higgins(15) PRESENT POSTOFFICE OF MOTHER Scranton SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Wm. L. Luskham MD(24) State whether Physician or Midwife (25) Address of Physician or Midwife Scranton SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-8 1923 (28) R. L. Carter 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.