

(1) PLACE OF BIRTH

County of BarnwellTownship of George's Creek

or

Inc. Town of

or

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

File No. — For State Registrar Only

63159

Registration District No. 67Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Florine Wilson Knopf

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

6

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 22 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Meyer Knopf

(9) PRESENT POSTOFFICE OF FATHER

Olar S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

Barnwell Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Susie Hartzog

(15) PRESENT POSTOFFICE OF MOTHER

Olar, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Bamberg Co

(19) OCCUPATION

farm laborer & housewife

(20) Number of children born to

including present birth

6

(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 alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. B. Raymond

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

ChapinOlar, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed July 15 1916

(28)

C. B. Raymond

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.