

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**87552**

Registration District No. 4009 Registered No. 147  
 (For use of Local Registrar)

St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

Full Name of Child Paul Knighton

BOY OR GIRL Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 8 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 FULL NAME Charles Littlefield  
 PRESENT POSTOFFICE OF FATHER Woodruff Route 3  
 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)  
 BIRTHPLACE Spartanburg Co.  
 OCCUPATION Farmer  
 Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Esther Littlefield  
 (15) PRESENT POSTOFFICE OF MOTHER Woodruff R 3  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Spartanburg Co.  
 (19) OCCUPATION House Keeper  
 (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 7 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. H. Workman  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report ..... 191.....  
 Registrar,  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Charles Knighton  
 (27) Filed 12/11 1916 (28) Charles Knighton 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.

before the fifth month of pregnancy.

For State Registrar Only  
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No. 126  
 Local Registrar)  
 ..... Ward)  
 number.)  
 named, make  
 as directed  
18/16  
 (Year)

*[Handwritten initials]*

*[Handwritten mark]*