

Form No 1.

(1) PLACE OF BIRTH  
County of York  
Township of Bethel

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

File No.—For State Registrar Only  
**45012**

Inc. Town of ..... Registration District No. 4400 Registered No. 60  
(For use of Local Registrar)  
City of ..... (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 Howard Alexander Knox } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH—Oct, 2, 1915  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Robert Knox  
(9) PRESENT POSTOFFICE OF FATHER Cloner #2  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE York Co. S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Anne Currence  
(15) PRESENT POSTOFFICE OF MOTHER Cloner #2  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE York Co. S.C.  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 ..... P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Adly Currence  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cloner #2

Given name added from a supplemental report

(26) Witness P. S. Riddle  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 10 1915 (28) H. A. Quinn  
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.

MAINTAIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

Crav. of Columbia