

(1) PLACE OF BIRTH

County of Darlington
 Township of Darlington
 or
 Inc. Town of
 or
 City of Darlington

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

File No.—For State Registrar Only
18298

Registration District No. 13-A Registered No. 67....
 (For use of Local Registrar)

(No. C-22 Overcreek Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Benjamin Franklin McKnight 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 1 6 Are Parents Married? Yes 7 DATE OF BIRTH 6-27- 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 8 FULL NAME James Clifton McKnight
 9 PRESENT POSTOFFICE OF FATHER Darlington S.C.
 10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 29 (Years)
 12 BIRTHPLACE Williamsburg County S.C.
 13 OCCUPATION Textile worker
 20 Number of children born to mother, including present birth 5

MOTHER.
 14 NAME BEFORE MARRIAGE Carrie Campbell
 15 PRESENT POSTOFFICE OF MOTHER Darlington S.C.
 16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 23 (Years)
 18 BIRTHPLACE Marion, S.C.
 19 OCCUPATION housewife
 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 born alive at 7:35 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) A. B. Hooton 7:35 pm
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Darlington, S.C.

Given name added from a supplemental report

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

(27) Filed July 1, 1922 (28) E. A. Early 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.

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W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER No. 2, etc., in question 5

MEGAT OF COLUMBIA, COLUMBIA, S. C.

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