

NEW 40 5

WRITE 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, No. 1. THE OTHER, No. 2, etc., in question 1.
McGaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

Township of
 or
 Inc. Town of
 or
 City of Greenville Registration District No. 22 Registered No. 475
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

(2) Full Name of Child Herbert C. McKnight Jr. St.: Ward:
 (No. 2008 McKnight Ave)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec</u> <u>22</u> <u>1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>H. C. McKnight</u>	(14) NAME BEFORE MARRIAGE <u>Kinsley</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>N.C.</u>	(18) BIRTHPLACE <u>N.C.</u>
(13) OCCUPATION <u>Att'y</u>	(19) OCCUPATION <u>Wife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>

MOTHER.

(22) I hereby certify that I attended the birth of this child, who was born at 10:30 P. M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Jan 1 1916 (28) [Signature] 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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