

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of Charleston
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

23056

Registration District No. 1203 Registered No. 99
 (For use of Local Registrar)

(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

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

(3) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Aug 5 1923</u> (Name of Month) (Day) (Year)
(8) FATHER. FULL NAME <u>J. P. Knech</u>		(9) MOTHER. NAME BEFORE MARRIAGE <u>Carrie Bess</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C. R-1</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C. R-1</u>		
(11) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(15) BIRTHPLACE <u>SC</u>		(16) BIRTHPLACE <u>SC</u>		
(17) OCCUPATION <u>Farming</u>		(18) OCCUPATION <u>Housewife</u>		
(19) Number of children born to mother, including present birth <u>10</u>		(20) Number of children of this mother now living, including present birth <u>9</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Therese Reques(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Charleston S.C.Given name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed Aug 29 1923 (27) M. S. Wether
Registrar 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.