

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 5.

MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg  
Township of Middle  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only  
**31768**

Registration District No. 2690 Registered No. 75  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leontine Knight

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15, 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. W. Knight  
(9) PRESENT POSTOFFICE OF FATHER Jamison St.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32  
(Year) (12) BIRTHPLACE Lexington Co  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Prune Jenkins  
(15) PRESENT POSTOFFICE OF MOTHER Jamison St.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27  
(Year) (18) BIRTHPLACE Lexington, S.C.  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth Six (21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 100 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X Corry Bough  
(24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Jamison St.

Given name added from a supplemental report

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

(27) Filed Oct 7, 1922 (28) W. W. Knight 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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