

(1) PLACE OF BIRTH  
County of ... *York* ...  
Township of ... *King* ...  
or

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

### Person of Vital Statistics

**State Board of Health**

File No.—For State Register Entry

**30847**

Inc. Town of ..... Registration District No. 4787 Registered No. 112  
 (For use of Local Registrar)  
 City of ..... (No. ....) Ward  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child A. E. Enoy ..... } If child is not yet named, make supplemental report as directed

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

(1) <b>W</b> <b>BOY OR</b> <del>_____</del>	(4) <b>Twins or Triplet?</b> _____	(5) <b>Number in order of birth</b> _____	(6) <b>Are Parents Married?</b> <i>Yes</i>	(7) <b>DATE OF BIRTH</b> <i>Sept 13 23</i> (Name of Month) (Day) (Year)
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(7) DATE OF BIRTH Sep, 13, 23  
(Name of Month) (Day) (Year)

FATHER.  
(9) FULL NAME Sanku Knox

(9) PRESENT POSTOFFICE OF FATHER Boston N B.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27  
(Years)

(10) BIRTHPLACE York Co

(13) OCCUPATION *Mill work*

(20) Number of children born to mother, including present birth } .....

(14) NAME BEFORE MARRIAGE *Adell Farrer*

(15) PRESENT POSTOFFICE OF MOTHER *Fullert, S.C.*

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19  
(Years)

(10) BIRTHPLACE Estaba N. C.

(19) OCCUPATION book

(21) Number of children of this mother  
now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(23) I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn) (Hour 4-30 or P. M.)

(22) (Signature) .....

(24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplement-  
al report

(7c) Witness (Signature of Witness necessary only when question 22 is signed by mother) Y

(37) Filed 9/18/23 (10) Chloro 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.

(ST) Filed 19 1960 (28) J.T.H.  
Registrar Local Registrar

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