

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.

N. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of AlbanyTownship of AlbanyInc. Town of FairfaxCity of Fairfax

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40683

Registration District No. 4601 Registered No. 4601

(For use of Local Registrar)

(2) Full Name of Child Thomas Eugene Knopf 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 10 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wm. Knopf, Jr.

(9) PRESENT POSTOFFICE OF FATHER Fairfax, Va.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Fairfax, Va.

(13) OCCUPATION Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Warner

(15) PRESENT POSTOFFICE OF MOTHER Fairfax, Va.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Fairfax, Va.

(19) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Albany at 12 M., on the date above stated. (Born alive or stillborn) (Hour A-M or P-M.)(23) (Signature) J. L. Folsom(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Fairfax, Va.

Given name added from a supplemental report

101

Registrar

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

(27) Filed Dec. 7 1922 (28) J. B. Barmon 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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