

## (1) PLACE OF BIRTH

County of ChesterTownship of Chesteror  
Inc. Town of .....or  
City of .....

(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

18077

Registration District No. 110Y Registered No. 67

(For use of Local Registrar)

(No. Chester County Home St.: ..... Ward)(2) Full Name of Child. Georgie Geneva If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or triplet? — (5) Number in order of birth — (6) Are Parents Married? No (7) DATE OF BIRTH June 1, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Levick Knudsen(9) PRESENT POSTOFFICE OF FATHER Levick Knudsen(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY Levick Knudsen (Years)(12) BIRTHPLACE Levick Knudsen(13) OCCUPATION Levick Knudsen(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Boyd(15) PRESENT POSTOFFICE OF MOTHER Chester, S.C. R7125(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Chester County, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Dr. J. A. Dames(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester, S.C.

Given name added from a supplemental report

....., 191.....

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Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 9, 191Y (28) Dr. J. A. Dames 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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