

## (1) PLACE OF BIRTH

County of

*Richland*

Township of

or

Inc. Town of

or

City of

Registration District No. *35A* Registered No. *1847*  
(For use of local Registrar)  
(No. *1317 Berkeley Ave* St. *Myrtle*)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

*Neelie May Knight*

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

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Oct. 18**1911*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*John W. Knight*

(9) PRESENT POSTOFFICE OF FATHER

*Columbia*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY (Years)

*27*

(12) BIRTHPLACE

*S. C.*

(13) OCCUPATION

*Roller Cotton Mch.*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Mamie E. Peeding*

(15) PRESENT POSTOFFICE OF MOTHER

*Columbia*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY (Years)

*21*

(18) BIRTHPLACE

*Columbia, S. C.*

(19) OCCUPATION

*Housewife*

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

*3*

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

*3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at *11 a. m.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Columbia*

Given name added from a supplemental report

*191*

Registrar

(26) Witness

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

(27) Filed *11.17.1911*

(28) 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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