

(1) PLACE OF BIRTH

County of Chester
 Township of Ross
 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

3640

Registration District No. 1102 Registered No. 28
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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?

yes

(7) DATE OF BIRTH

Feb 26, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Luther Knight

(9) PRESENT POSTOFFICE OF FATHER

Great Falls

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

Lancaster Co.

(13) OCCUPATION

mill work

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

1 one

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena Whitney

(15) PRESENT POSTOFFICE OF MOTHER

Great Falls

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

17 (Years)

(18) BIRTHPLACE

monroe N.C.

(19) OCCUPATION

Womestic

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

1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at ... 1 A.M. ...
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. B. McKeown M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Great Falls S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

3/12

1922

(28)

H. T. Vanmeter

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.

THIS IS A PERMANENT RECORD. 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.

MISSISSIPPI, COLUMBIA, S. C.