

MARGIN BEARS NO BINDING.

WRITE PLAINLY, WITH EXPANDED PENCIL. 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 2.

McGraw-Hill, Inc., New York, N. Y.

(1) PLACE/OF BIRTH  
County of Kendrick  
Township of Attozay  
or Inc. Town of Attozay  
City of Attozay

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

2673

Registration District No. 42.07 Registered No. 2  
(For use of Local Registrar)

(2) Full Name of Child James S. Knox (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) SEX OR RACE Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 25  
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME James S. Knox  
(9) PRESENT POSTOFFICE OF FATHER Union S.C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE Union Co. S.C.  
(13) OCCUPATION Merchant  
(20) Number of children born to mother, including present birth 1-1

MOTHER.  
(14) NAME BEFORE MARRIAGE Florence McKeon  
(15) PRESENT POSTOFFICE OF MOTHER Union S.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 41 (Years)  
(18) BIRTHPLACE Leicester Co. S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1-1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Montgomery  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report  
(26) Witness D. J. Sarrett  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 2-10 1922 (28) D. J. Sarrett  
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.