

(1) PLACE OF BIRTH

County of Lexington
 Township of Wellburg
 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
21772

Registration District No. 2100

Registered No. 72
 (For use of Local Registrar)

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

(2) Full Name of Child

William L. Knatts

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age at Birth 28 (7) Date of Birth July 28, 1923
 (Name of Month) (Day) (Year)

FATHER. (8) NAME OF FATHER Earl Knatts (9) NAME OF MOTHER Lawrence Knatts

(10) PRESENT POSTOFFICE OF FATHER Savannah 30 (11) PRESENT POSTOFFICE OF MOTHER No 9

(12) COLOR OF CHILD White (13) AGE AT LAST BIRTHDAY 2 (14) COLOR OF MOTHER No 10 (15) AGE AT LAST BIRTHDAY 17

(16) BIRTHPLACE OF CHILD Waynesburg, S.C. (17) BIRTHPLACE OF MOTHER Lexington Co, S.C.

(18) OCCUPATION OF CHILD Labourer (Cotton Mill) (19) OCCUPATION OF MOTHER Housewife

(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, born alive, on the date above stated. (23) State whether Physician or Midwife Physician

(24) Signature [Signature] (25) Address of Physician or Midwife Savannah 30

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) [Signature]

(27) Filed Aug 1, 1923 (28) Registrar [Signature]

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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