

Form No. 1

(1) PLACE OF BIRTH

County of KendallTownship of Excelsioror
Inc. Town ofor
City of

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

(2) Full Name of Child Charly Knox

File No.—For State Registrar Only

30891

Registration District No. 27.0.4 Registered No.
(For use of Local Registrar)

3) BOY OR GIRL Boy 4) TWINS or TRIPLETS No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH 27 Sept 22
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Joe Knox
9) PRESENT POSTOFFICE OF FATHER Lugoff
10) COLOR OR RACE Calat 11) AGE AT LAST BIRTHDAY 21
(Years)
12) BIRTHPLACE Lugoff
13) OCCUPATION Farmer

MOTHER.
14) NAME BEFORE MARRIAGE Ribekah Murphy
15) PRESENT POSTOFFICE OF MOTHER Lugoff
16) COLOR OR RACE Calat 17) AGE AT LAST BIRTHDAY 25
(Years)
18) BIRTHPLACE Lugoff
19) OCCUPATION House Keeper

20) Number of children born to mother, including present birth 221) 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 alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Easter Smith(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lugoff

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 30 1922 Excelsior 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.

MAINTAIN A REGISTERED FOR BINDING.
WRITE PLAINLY, WITH ENLARGING INK.—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.