

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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 25.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Horry  
Township of Cam  
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  
**34186**

Registration District No. 1701 Registered No. .....  
(For use of Local Registrar)

(2) Full Name of Child

Joseph Leonard Knight (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 3 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Percy Knight

(9) PRESENT POSTOFFICE OF FATHER Haleville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
(Years)

(12) BIRTHPLACE Haleville

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Esther Beal

(15) PRESENT POSTOFFICE OF MOTHER Haleville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE Haleville

(19) OCCUPATION Housewife

(21) 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 Born alive on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) A. A. Harger (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Haleville 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 Oct 30 1922 (28) Cyella Newman 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.