

(1) PLACE OF BIRTH

County of Wm. burg
 Township of Rich. Jr.
 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
1949C

Registration District No. 1309 Registered No. 10
 (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 Elise M. Knight If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Apr. 15, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Sam M. Knight
 (9) PRESENT POSTOFFICE OF FATHER Cades S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Year)
 (12) BIRTHPLACE Wm. burg, S.C.
 (13) OCCUPATION farm hand
 (20) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Lucie M. Knight
 (15) PRESENT POSTOFFICE OF MOTHER Cades S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE Wm. burg, S.C.
 (19) OCCUPATION domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lucie M. Knight (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cades S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr. 25, 23 (28) 1275162 Local Registrar

When there was no attending physician or midwife, 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.