

(1) PLACE OF BIRTH

County of

Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

80498

Township of

or

Inc. Town of

Charleston

Registration District No. *9A*

Registered No. *1076*

(For use of Local Registrar)

City of

Charleston

No. *H 7*

I Alexander

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

Hazel Elizabeth Knickmeyer

Child is not yet named, make supplemental report as directed

(3) SEX OF CHILD

Female

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

August A. Knickmeyer

(14) MARRIED BEFORE

Edna Eunice Sawyers

(9) PRESENT POSTOFFICE OF FATHER

Charleston SC

(15) PRESENT POSTOFFICE OF MOTHER

H 7 I Alexander St

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Charleston SC

(18) BIRTHPLACE

Charleston SC

(13) OCCUPATION

RR. Switchman

(19) OCCUPATION

Domestic

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

4

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

(23) (Signature) *L. Alexander*

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

307 Meeting St

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed *1078* 1916

(28)

J. Marcus Green M.D.
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.

McCHAY of Columbia