CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3279

(1) PLACE OF BIRTH
County of Barnwell
Township of 2nd Stuck Horse
or
Inc. Town of ..... /
or
City of .....

Registration District No. 704 Registered No. 1
(For use of Local Registrar)

(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 Knight

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Feb 2 1922

FATHER.

(8) FULL NAME Furmie Knight
(9) PRESENT POSTOFFICE OF FATHER Bonneau S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Berkely County
(13) OCCUPATION Public works
(22) Number of children born to mother, including present birth 1 one

MOTHER.

(14) NAME BEFORE MARRIAGE Ilen Murry
(15) PRESENT POSTOFFICE OF MOTHER Bonneau S C
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Berkely Co
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 20 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W A Ware
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Bonneau S C

Given name added from a supplemental report
..... 19 .....
Registrar

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

(27) Filed Feb 25 1922 (28) W. F. Guerry
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.

MARGIN RESERVED—NO PART BLENDING.
WRITE PLAINLY, WITH UNFADING INK—USE IN A PRIMARY AGENT RECORDED
M. B.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the CHILD'S NUMBER, No. 1, THIRD OFFICIAL, No. 2, etc., in question 5.
Bureau of Statistics, Columbia, S. C.