

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87647

Registration District No.

4-107

Registered No.

115

(For use of Local Registrar)

(2) Full Name of Child.

Alvin McNight

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 8

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Washington McNight

(9) PRESENT POSTOFFICE OF FATHER

Motts Bridge

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Farming

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

2

(14) NAME BEFORE MARRIAGE

MOTHER.

Lizzie Rose

(15) PRESENT POSTOFFICE OF MOTHER

Motts Bridge

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

Housework

(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 Alive at 5-30 AM on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Matthew Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Lynchburg

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 11-17-1916

(28) S. B. McGee

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 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 5.

McCaw, of Columbia.

S. A. F. E. T. Y. A. F. I.