

(1) PLACE OF BIRTH

County of Ashe
 Township of Ashe
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No. — for State Registrar's Use
26827

Registration District No. 200 Registered No. 96
 (For use of Local Registrar)

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

(2) Full Name of Child Calvin Cuyler Mc Knight (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth - (6) Are parents married yes (7) DATE OF BIRTH Apr 7 1929
 (Month of birth) (Day) (Year)

FATHER.
 (8) FULL NAME C. C. Mc Knight Jr.

(9) PRESENT POSTOFFICE OF FATHER San Montenegro D.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30
 (Year)

(12) BIRTHPLACE Ashe Co S.C.

(13) OCCUPATION RR Tinkler agt

(20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Julia Leach

(15) PRESENT POSTOFFICE OF MOTHER Same

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35
 (Year)

(18) BIRTHPLACE Ashe Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. F. W. W. W.

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Ashe S.C.

Given and added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) W. H. Leach

(27) Filed 9/24 19 29 (28) W. H. Leach Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.

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