

Form No. 3

(1) PLACE OF BIRTH  
County of Sumter  
Township of Smith  
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

79488

Registration District No. 4157Registered No. 94

(For use of Local Registrar)

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 Gracy M. Knight } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? Y (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 2 1916  
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Willie M. Knight (14) NAME BEFORE MARRIAGE Ida McLeod  
(9) PRESENT POSTOFFICE OF FATHER Clanton, S.C. (15) PRESENT POSTOFFICE OF MOTHER Plant, S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
(12) BIRTHPLACE Sumter, S.C. (18) BIRTHPLACE Sumter, Co.  
(13) OCCUPATION Hammering (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth 2 (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 10:30 a.m. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Matha K. Willson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

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

(27) Filed 9-5-1916 (28) L. B. McElwain 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.

McCaw, of Columbia  
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.