

(1) PLACE OF BIRTH
County of Sumter

Township of

or
Inc. Town ofor
City of Sumter (No. 10 Calhoun St.)

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

(2) Full Name of Child Essie Knight { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? 6 (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 4, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Knights(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Jacksonville, Fla.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Essie(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Orangeburg, S.C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. J. Holmes(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife #3 Bee St. Sumter, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness M. J. McKeen
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 10, 1916 (28) M. J. McKeen 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 ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

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

File No.—For State Registrar Only

74842

Registration District No. 41A Registered No. 131
(For use of Local Registrar)

St.; Ward)

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