

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.

(1) PLACE OF BIRTH
County of Edgefield
Township of Johnston
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
85448

Registration District No. 1814 Registered No. 35
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child } If child is not yet named, make supplemental report as directed

(3) BOY or girl (4) Twin or Triplet? (5) Number in order of birth 5 (6) Are Parents yes Married? (7) DATE OF BIRTH Oct. 21, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Sam Bouknight
(9) PRESENT POSTOFFICE OF FATHER Johnston S.C.
(10) COLOR OR RACE Dark (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Edgefield Co.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Martin Mat
(15) PRESENT POSTOFFICE OF MOTHER Johnston S.C.
(16) COLOR OR RACE Dark (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Edgefield Co.
(19) OCCUPATION Farmer's wife
(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 born at 1 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) E. C. H. Hunter, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 25 1916 (28) J. A. Latta 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.

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