

Form No. 1

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

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

552

Registered No. 6

(Use of Local Registrar)

(2) Full Name of Child

James Henry McNight

If child is not yet named, make

(3) SEX OF CHILD Male (4) AGE OF MOTHER 23 (5) DATE OF BIRTH May 27, 1923

(6) FULL NAME OF FATHER James H. McNight (7) FULL NAME OF MOTHER Francis Campbell

(8) PRESENT RESIDENCE OF FATHER St. Bernard St. (9) PRESENT RESIDENCE OF MOTHER St. Bernard St.

(10) COLOR OF CHILD Caucasian (11) AGE AT LAST BIRTHDAY 20 (12) COLOR OF MOTHER Caucasian (13) AGE AT LAST BIRTHDAY 20

(14) BIRTHPLACE OF FATHER Charleston S.C. (15) BIRTHPLACE OF MOTHER McClintock S.C.

(16) OCCUPATION OF FATHER Subway (17) OCCUPATION OF MOTHER Home Work

(18) Number of children born to mother, including present birth Seven (19) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) Signature of Physician or Midwife James H. McNight (22) Address of Physician or Midwife St. Bernard St.

Given name added from a supplementary report

12-11-46

Registrar

(23) Witness (Signature of Witness necessary only when question 22 is answered "yes")

(24) Filed May 27, 1923 (25) Date of Filing

*When there was no attending physician or midwife, the birth must be reported by the mother. If a child breathes even once, it must not be reported as stillborn.