

Form No. 1.

MARGIN RESERVED FOR BINDING.  
 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		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 87548
County of <u>Sumter</u> Township of <u>Waynesville</u> or Inc. Town of ..... or City of .....		Registration District No. <u>41.2.2.</u> Registered No. <u>138</u> (For use of Local Registrar)		
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		
(2) Full Name of Child <u>Maria Knight</u>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>no</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 30</u> 19 <u>16</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Adde Knight</u> (9) PRESENT POSTOFFICE OF FATHER <u>Waynesville SC</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>40</u> (Years) (12) BIRTHPLACE <u>SC</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>1</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Amanda Johnson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Waynesville SC</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>26</u> (Years) (18) BIRTHPLACE <u>SC</u> (19) OCCUPATION <u>Farmer</u> (21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Susannah Benjamin</u> (24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Waynesville SC</u>				
Given name added from a supplemental report ..... ..... 19 .. Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Nov 30 1916</u> (28) <u>W. H. Thomas</u> 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.