

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

County of Sumter
 Township of Waynesville
 or
 Inc. Town of

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

File No.—For State Registrar Only
87548

Registration District No. 41.P.2. Registered No. 138
 (For use of Local Registrar)

City of (No. 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 Maria Knight If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? 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 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Eddu Knight</u>	(14) NAME BEFORE MARRIAGE <u>Amanda Johnson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Waynesville SC</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Waynesville SC</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a.m. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susamat Benjamin
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Waynesville, SC

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 30 1916 (28) W. J. Thomas
 Registrar 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.