

Form No. 3

(1) PLACE OF BIRTH

County of Sumter
 Township of Shiloh
 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
12209

Registration District No. 4107 Registered No. 42
 (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 Charles McNight If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet — (5) Number in order of birth — (6) Age Person Married Yes (7) DATE OF BIRTH Mar 26 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charles McNight
 (9) PRESENT POSTOFFICE OF FATHER Shiloh, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Year)
 (12) BIRTHPLACE Sumter Co
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 3

MOTHER.
 (15) NAME BEFORE MARRIAGE Carie McLeod
 (16) PRESENT POSTOFFICE OF MOTHER Shiloh, S.C.
 (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) COLOR OR RACE Negro
 (19) BIRTHPLACE Sumter Co
 (20) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M. on the date above stated. (Born alive or stillborn) Hour A.M. or P.M.

(23) (Signature) Matha Wilson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shiloh, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed 5-2 1923 (28) S. H. McCalister 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