

(1) PLACE OF BIRTH

County of Sumter
Township of Raffin Crak
or
Inc. Town of
or

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

File No.—For State Registrar Only
79487

Registration District No. 4104 Registered No. 111
(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 Rosal Holliday } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Sept 28 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Daniel Knott
(9) PRESENT POSTOFFICE OF FATHER ✓
(10) COLOR OR RACE ✓ (11) AGE AT LAST BIRTHDAY ✓ (Years)
(12) BIRTHPLACE ✓
(13) OCCUPATION ✓
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Florance Holliday
(15) PRESENT POSTOFFICE OF MOTHER Rumbert SC
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Sumter Co
(19) OCCUPATION Field Labour
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born at 6:45 (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Julius F. Lester
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rumbert
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. Haller
(27) Filed Oct 4 1916 (28) W. Haller 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.

MISCELLANEOUS INFORMATION TO BE FURNISHED BY THE REGISTRAR

K O D A K S A F E