

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

John Macknito

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

May 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Macknito

(9) PRESENT POSTOFFICE OF FATHER

Congaree SC

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Silvira Davis

(15) PRESENT POSTOFFICE OF MOTHER

Congaree SC

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

(20) Number of children born to mother, including present birth

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susana Wright

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Congaree SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.