

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

42821

2. CITY OF *Sumter*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

3. TOWN OF *Felton*

Registration District No. Registered No. *20*

(For use of Local Registrar)

4. COUNTY OF *Sumter*

(No. St.; Ward)

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

5. Full Name of Child *Madison Mayer Banknight*

If child is not yet named, make supplemental report as directed

6. SEX *Boy*

7. Twin or Triplet?

8. Number in order of birth

9. Are Parents Married?

10. DATE OF BIRTH *Dec 23 22*

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

11. NAME *Ernest J. Banknight*

12. NAME BEFORE MARRIAGE *Janis Chopman*

13. PRESENT POSTOFFICE OF FATHER *Ninety Six*

14. PRESENT POSTOFFICE OF MOTHER *Ninety Six*

15. COLOR OR RACE *White* (16) AGE AT LAST BIRTHDAY *42* (Years)

17. COLOR OR RACE *White* (18) AGE AT LAST BIRTHDAY *43* (Years)

19. BIRTHPLACE *Edgefield Co*

20. BIRTHPLACE *Edgefield Co*

21. OCCUPATION *Farmer*

22. OCCUPATION *House wife*

23. Number of children born to mother, including present birth *1 7*

24. Number of children of this mother now living, including present birth *1 6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(25) I hereby certify that I attended the birth of this child, who was *born alive* at *7 A.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(26) (Signature)

(27) State whether Physician or Midwife

(28) Address of Physician or Midwife

Given name added from a supplemental report

M. M. Banknight, M.D.

J. H. 1942

Registrar

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

(30) Filed *19* (31) 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.

WHEN FILING WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK 1. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 23.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.