

(1) PLACE OF BIRTH

County of *Salisbury*

Township of *Manning*

Inc. or Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45873

Registration District No. *1307* Registered No. *4*
(For use of Local Registrar)

(2) Full Name of Child *Gene Rosalee Mc Knight* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan. 21, 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Tom McKnight</i>	(14) NAME BEFORE MARRIAGE <i>Sinda Moon</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Silver R 7 D S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Silver R 7 D S.C.</i>			
(10) COLOR OR RACE <i>Colored</i>	(11) AGE AT LAST BIRTHDAY <i>26</i> (Years)	(16) COLOR OR RACE <i>Colored</i>	(17) AGE AT LAST BIRTHDAY <i>25</i> (Years)	
(12) BIRTHPLACE <i>Blairwood Co. S.C.</i>	(18) BIRTHPLACE <i>Sumter S.C.</i>			
(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>Farming</i>			
(20) Number of children born to mother, including present birth } <i>2</i>	(21) Number of children of this mother now living, including present birth } <i>2</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Alvina Samuels*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Silver R 7 D S.C.*

Given name added from a supplemental report

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

(27) Filed *Feb 5, 1916* (28) *Ad Todd*
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 required of stillbirths before the fifth month of pregnancy.