

## PLACE OF BIRTH

County of Summerville  
 Township of Summerville  
 or  
 City of Summerville  
 or  
 Town of Summerville

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

File No.—For State Registrar Only

31807

Registration District No. 1502Registered No. 128  
(For use of Local Registrar)

City of Summerville (No. 1502 St. 128 Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Effie Bailey

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

1 SEX H.2 Type or Trade To be answered only in event of Trade or Trade

(3) Number in order of birth

(4) Age Parents Married7 DATE OF BIRTH Sept 11 22  
(Name of Month) (Day) (Year)

## FATHER.

1 FULL NAME Normant Bailey2 PRESENT POSTOFFICE OF FATHER Hartsville S.C.3 COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 50 (Year)4 BIRTHPLACE S.C.5 OCCUPATION Farmer6 Number of children born to father, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Betha Cole(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.(16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 48 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive or stillborn at 10 P.M. on the date above stated. (Signature) Laney (Hour M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife M. W.(25) Address of Physician or Midwife Hartsville S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed Oct 20 23(28) Local Registrar W. M. Keger

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.

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