

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 In 2-3 use of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Beckham  
 Township of Central  
 OF  
 Inc. Town of.....  
 or  
 City of..... (No. .... St. .... Ward)

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

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

File No.—For State Registrar Only

4936

Registration District No..... Registered No..... 19.....  
 (For use of Local Registrar)

(2) Full Name of Child Mr. Paul Summell (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Sex Male (6) DATE OF BIRTH Feb-10-23  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gray L. Summell

(9) PRESENT POSTOFFICE OF FATHER Central S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Frytailer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Addie

(15) PRESENT POSTOFFICE OF MOTHER Central S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House keeper

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 3:00 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. H. Bearden

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Central S.C.

Given name added from a supplement-  
 tal report

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

(26) Filed Feb-11-23 (27) J. H. Bearden  
 Registrar 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.