

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
Township of St. Stephens
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37369

Registration District No. 705 Registered No. 124
(For use of Local Registrar)City of (No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child Vida Sumner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>G</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 17, 1922</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				

FATHER.

(8) FULL NAME Charles Sumner(9) PRESENT POSTOFFICE OF FATHER St. Stephens(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE St. Stephens(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Addison(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE St. Stephens(19) OCCUPATION Housewife(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 born alive at 10:22 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Addison (25) Address of Physician or Midwife(24) State whether Physician or Midwife Midwife St. Stephens

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 27, 1922 (28) M. A. Floyd
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.