

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly HillInc. Town of Holly Hill(City of Holly Hill)

(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

Registration District No. 3609

File No.—For State Registrar Only

4841

Registered No. 25
(For use of Local Registrar)(2) Full Name of Child John James Summers

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>()</u>	5) Number in order of birth <u>()</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Feb. 10, 23</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME John Summers

9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.

10) COLOR OR RACE Negro

11) AGE AT LAST BIRTHDAY 22
(Years)

12) BIRTHPLACE S.C.

13) OCCUPATION Cook

MOTHER.

14) NAME BEFORE MARRIAGE Mary Jane Summers

15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.

16) COLOR OR RACE Negro

17) AGE AT LAST BIRTHDAY 20
(Years)

18) BIRTHPLACE S.C.

19) OCCUPATION Laundress

20) Number of children born to mother, including present birth 121) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Dankey J. Summers
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness M. Heeser
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 12, 23 (28) A. M. Heeser
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.

WRITE PLAINLY, WITH INK, IN SPACES PROVIDED. THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHERS, No. 2, etc. In question 8, Bureau of Columbia, Columbia, S. C.