

(1) PLACE OF BIRTH

County of LexingtonTownship of Camp Green

or

Inc. Town of Chenbrookland

or

City of Chenbrookland (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

46841

Registration District No. 31.4Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Kenneth Summers If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 13, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lonnie Washington Summers(9) PRESENT POSTOFFICE OF FATHER Chenbrookland, S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Peaks, S.C.(13) OCCUPATION Street Car Conductor(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Sue Grzech(15) PRESENT POSTOFFICE OF MOTHER Chenbrookland, S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Barnwell, S.C.(19) OCCUPATION None(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 6 o'clock P. M.(23) (Signature) Henry H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chenbrookland, S.C.Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed Jan 13, 1916 (28) J. C. Lybrand 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 UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case 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 5.
 McCaw, of Columbia.

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12010