

(1) PLACE OF BIRTH

County of Summit  
Township of Haystack Creek  
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  
**79483**

Registration District No. 4106 Registered No. 106  
(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 Joseph Gary If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH: Sept 10, 1919  
(Name of Month) (Day) (Year)  
To be answered only in event of Twins or Triplets

**FATHER.**  
(8) FULL NAME Cyrus Gary  
(9) PRESENT POSTOFFICE OF FATHER Rumbert  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 47 (Years)  
(12) BIRTHPLACE Summit Co  
(13) OCCUPATION Field Laborer

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lucie Taylor  
(15) PRESENT POSTOFFICE OF MOTHER Rumbert  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Summit Co  
(19) OCCUPATION House Wife  
(21) Number of children of this mother now living, including present birth 5

(20) Number of children born to mother, including present birth 5  
**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Milly J. Jordan  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rumbert  
Given name added from a supplemental report  
(26) Witness W. H. Hardin (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 10 1916 (28) W. H. Hardin Local Registrar

19..... 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.

MADE IN GEORGIA BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C.