

(1) PLACE OF BIRTH

County of SummitTownship of Haystack Creek

or

Inc. Town of .....

or

City of .....

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

(2) Full Name of Child Aorok Gary(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 5(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 10, 1919

(Name of Month) (Day) (Year)

(8) FULL NAME Cyrus Gary(9) PRESENT POSTOFFICE OF FATHER Rumbolt(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 47(12) BIRTHPLACE Summit Co(13) OCCUPATION Field Laborer(14) NAME BEFORE MARRIAGE Lucie Taylor(15) PRESENT POSTOFFICE OF MOTHER Rumbolt(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 30(18) BIRTHPLACE Summit Co(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 5

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

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:20 M.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Milly X(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Rumbolt(26) Witness W. H. Hardin

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

(27) Filed Sept 10, 1919(28) W. H. Hardin

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.

## 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. 4106Registered No. 106

(For use of Local Registrar)

St.; ..... Ward)

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

## FATHER

## MOTHER

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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(23) (Signature) Milly X(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Rumbolt(26) Witness W. H. Hardin

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Given name added from a supplemental report

Registrar