

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of North

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30718

Registration District No. 3617Registered No. 122
(For use of Local Registrar)

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

(2) Full Name of Child

Lawrence Sumner

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>13</u>19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME
John Sumner(9) PRESENT POSTOFFICE OF FATHER
Norway S C(10) COLOR OR RACE
Negro(11) AGE AT LAST BIRTHDAY
39.....
(Years)(12) BIRTHPLACE
S. C.(13) OCCUPATION
Farmer(20) Number of children born to mother, including present birth
6

MOTHER.

(14) NAME BEFORE MARRIAGE
Effie Barnes(15) PRESENT POSTOFFICE OF MOTHER
Norway S C(16) COLOR OR RACE
Negro(17) AGE AT LAST BIRTHDAY
36.....
(Years)(18) BIRTHPLACE
S. C.(19) OCCUPATION
Housewife(21) Number of children of this mother now living, including present birth
6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive.....at 2.....P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James A. Barnes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 26 1922 (28) J. A. Price
Registrar 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.

MARGIN RESERVED FOR BINDING.
WHITE 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.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.