

(1) PLACE OF BIRTH

County of Jackson
Township of 11or
Inc. Town of
City ofCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

31864

Registration District No. 391 (Registered No.) 01
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of St. Ward(2) Full Name of Child Mary Katie Sumner If child is not yet named, make supplemental report as directed

| | | | | |
|---|---|--|--|---|
| (1) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? <u>No</u> | (6) Number in order of birth <u>1</u> | (8) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept 8 1922</u> (Name of Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| (3) FULL NAME <u>Mas huff Sumner</u> | | | (14) NAME BEFORE MARRIAGE <u>Edna Gitting</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Jackson S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Jackson S.C.</u> | |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) | (16) COLOR OR RACE <u>white</u> | (17) AGE AT LAST BIRTHDAY <u>20</u> (Years) | |
| (12) BIRTHPLACE <u>Jackson Co.</u> | | | (18) BIRTHPLACE <u>N.C.</u> | |
| (13) OCCUPATION <u>farmer</u> | | | (19) OCCUPATION <u>domestic</u> | |
| (20) Number of children born to mother, including present birth <u>2</u> | | | (21) Number of children of this mother now living, including present birth <u>2</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9:50 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) L. M. Castle
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Jackson S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 191 (28) 1922 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.

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