

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.

MICH. OF CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of James Island
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

41364

Registration District No. 904. Registered No. 95
(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 Ethel Sumner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec. 22, 1922</u> (Name of Month) (Day) (Year)
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FATHER.			MOTHER.		
(8) FULL NAME	<u>Ellis Sumner</u>		(14) NAME BEFORE MARRIAGE	<u>Evelina Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Charleston, S.C.R.I.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Charleston, S.C.R.I.</u>	
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)		(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE	<u>James Island, S.C.</u>		(18) BIRTHPLACE	<u>James Island, S.C.</u>	
(13) OCCUPATION	<u>Farm hand</u>		(19) OCCUPATION	<u>Farm hand</u>	
(20) Number of children born to mother, including present birth	<u>one</u>		(21) Number of children of this mother now living, including present birth	<u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maudie Hamilton
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

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

A. L. Welch, sub
Registrar

(27) Filed Dec 28, 1922 (28) Geok Seabrook
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.