

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.

L.Caw, of Columbia.

(1) PLACE OF BIRTH

County of CharlestonTownship of Lowndes

or

Inc. Town of Registration District No. 1-95 Registered No. 163

or

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 Ruth Summers { 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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 5, 1916

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. R. Summers(9) PRESENT POSTOFFICE OF FATHER Edgmon S. C. #2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Charleston County S. C.(13) OCCUPATION Miller(20) Number of children born to mother, including present birth { Six }

MOTHER.

(14) NAME BEFORE MARRIAGE Louie Pinkler(15) PRESENT POSTOFFICE OF MOTHER Edgmon S. C. #2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE N. C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { Six }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5:40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. N. Gault

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Edgmon S. C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed 9/15 1916, (28) J. N. Gault 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.

File No. For State Registrar Only
76265

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health