(1) PLACE OF BIRTH

County of Lexington

Township of ..11.....

or

Inc. Town of .....

or

City of .....Lillie (No. ..... St.) ..... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. or State Registrar's No. 44688

Registration District No. 3109 Registered No. 29
(For use of Local Registrar)

(2) Full Name of Child Lillie Ruth Summers — If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD	(4) Twin or Triplet (To be answered only in event of Twin or Triplet)	(5) Number in order of birth	(6) Age of Parents	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
girl				July 4, 1923

FATHER.	MOTHER.
(8) FULL NAME Erby Summers	(14) MAIDEN NAME Lillie Jones
(9) PRESENT RESIDENCE OF FATHER Lexington	(15) PRESENT RESIDENCE OF MOTHER Lexington
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE SC	(18) BIRTHPLACE SC
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Essie Franklin M.D.
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Lexington SC

(Given name added from a supplemental report) ..... 3/24/44 ..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 9 1925 (28) Mrs C E Taylor
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.

WARNING: PRESERVED FOR PERMANENT RECORD.
WRITE PLAINLY, WITH UNFADING INK—FORM IS A PERMANENT RECORD.
If one of TWINS OR TRIPLETS, or a SEPARATE SHEET FOR EACH CHILD, and cross out FIRSTBORN. No. 1, THE OTHER, No. 2, etc., in question 3.
Section 10, Chapter 6.