

(1) PLACE OF BIRTH

County of HarryTownship of Greenor
Inc. Town of Low, S.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

19064

Registration District No. 7504 Registered No. 50
(For use of Local Registrar)

(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 Summers Olen Jenrette If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 8 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Summers Olen Jenrette(9) PRESENT POSTOFFICE OF FATHER Low, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Harry county S.C.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Caldwain Howard(15) PRESENT POSTOFFICE OF MOTHER Low, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Harry county.(19) OCCUPATION Housewife(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 7:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Pharica

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

Physician Low, 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 May 17 1906 (28) 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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