

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

81619

(1) PLACE OF BIRTH
 County of Sumner
 Township of Leola Bay
 or
 Inc. Town of

Registration District No. 2014 Registered No. 57
 (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 Sumner Deel Estles } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Aug, 12, 19</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Estles

(9) PRESENT POSTOFFICE OF FATHER Sumner, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Sc.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth } 3

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Estles

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Wegic (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE A.C.

(19) OCCUPATION

(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 alive at 11 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sumner Deel Estles
 (24) State whether Physician or Midwife } Midwife -
 (25) Address of Physician or Midwife

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 Oct 15 6 191..... (28) S.C. Hill 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.