

(1) PLACE OF BIRTH

County of Newberry
Township ofor
Inc. Town of
or
City of Newberry (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. — For State Registrar Only

39448

Registration District No. 34-9 Registered No. 1168
(For use of Local Registrar)Full Name of Child Margaret Sumner } If child is not yet named, make supplemental report as directedBOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov, 3, 1922
(Name of Month) (Day) (Year)

FATHER.

FULL NAME James Harrison Sumner Jr
PRESENT POSTOFFICE Newberry SC
OF FATHER
COLOR white (11) AGE AT LAST BIRTHDAY 23
OR RACE (Years)BIRTHPLACE Newberry SCOCCUPATION Insurance AgentNumber of children born to mother, including present birth } one

MOTHER.

(14) NAME BEFORE MARRIAGE Marguerite Spearman(15) PRESENT POSTOFFICE OF MOTHER Newberry Co(16) COLOR white (17) AGE AT LAST BIRTHDAY 22
OR RACE (Years)(18) BIRTHPLACE Newberry Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth } one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:40 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Paul H. Moore(24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry SC

Name added from a supplemental report

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

(27) Filed Nov 17, 1922 (28) S. S. Cunningham Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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1. PLACE OF BIRTH

Township of Newberry

County of _____

or
Town of _____City of NewberryFULL NAME OF CHILD Margaret

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34-0

FILE No.—For State Registrar Only

39447-aRegistered No. 168

(For use of Local Registrar)

St. _____

Ward _____

(No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number)

{ If child is not yet named, make supplemental report, as directed.

Sex or Girl

Girl

If Plural

births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term

7. Legit

may be

8. Date of birth

Nov 3

(Month, day, year)

1922

FATHER

18. Full maiden name James Harrison Sumner

19. Residence (usual place of abode)

(If nonresident, give place and State)

20. Color or race White21. Age at last birthday 23 (Years)

22. Birthplace (city or place)

(State or country) Newberry S.C.

23. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

24. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

25. Date (month and year) last engaged in this work

19. _____

17. Total time (years) spent in this work

18. Full maiden name Margaret Sherman

19. Residence (usual place of abode)

(If nonresident, give place and State) Newberry S.C.20. Color or race White21. Age at last birthday 22 (Years)

22. Birthplace (city or place)

(State or country) Newberry Co.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

19. _____

MOTHER

Occupation

Housewife

Housewife

Housewife

Housewife

Housewife

Housewife

Housewife

Housewife

Housewife

Housewife

Housewife

Housewife

Housewife

Housewife

Housewife

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Housewife

Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated

(Born alive or stillborn)

(Signed) James D. Moun M. D.

or _____ Midwife

Address Newberry S.C.Filed Nov 17, 1922 Blainingham Registrar

When there was no attending physician or midwife, then the father, householder, or other person, should make this return.

Time added from _____

Supplemental report _____

(Date of) Nov 17, 1922J. J. M. CullenRegistrar