CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
37381

(1) PLACE OF BIRTH
County of Rockland
Township of .....
or Inc. Town of .....
or City of Columbia
Registration District No. 38a Registered No. 912
(For use of Local Registrar)
(No. 816 Elmwood ave 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 Caroline Fair Summers | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G | (4) Twin or Triplet? 1 (to be answered only in case of twins or triplets) | (5) Number in order of birth 1 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH 11 (Name of Month) 9 (Day) 1903 (Year)

FATHER.

(8) FULL NAME Samuel Jacob Summers Jr
(9) PRESENT POSTOFFICE OF FATHER 816 Elmwood ave
(10) COLOR OR RACE W
(11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE S C
(13) OCCUPATION Printer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Fair Bullock
(15) PRESENT POSTOFFICE OF MOTHER 816 Elmwood ave
(16) COLOR OR RACE W
(17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE N C
(19) OCCUPATION House
(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 (Born alive or stillborn) at 6 45 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. T. Jennings
(24) State whether Physician or 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 Dec 5 1903. (28) G. J. Lea 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.

WHITE PAPER. WITH ENGRAVING 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 4.
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