

(1) PLACE OF BIRTH  
County of Sevier  
Township of .....

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

File No.—For State Registrar Only  
**31180**

or  
Inc. Town of ..... Registration District No. 3109 Registered No. 9.7  
(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. Summita Louise Amick If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Girl (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Y (7) DATE OF BIRTH Sept 9, 54  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Claude Amick  
(9) PRESENT POSTOFFICE OF FATHER Lexington S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
(Years)  
(12) BIRTHPLACE Newberry  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lydia Hanson  
(15) PRESENT POSTOFFICE OF MOTHER Lexington S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 71  
(Years)  
(18) BIRTHPLACE Lex Co  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Macchias  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lexington S.C.

Given name added from a supplemental report

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

(27) Full name Oct 9, 1912 (28) Mrs. C. E. Jaylor 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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