

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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 3.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
 Township of Columbia
 or
 Inc. Town of
 or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Dorothy Louise Summers

(If child is not yet named, make supplemental report as directed)

(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Jan 14, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAMEMr. D. J. Summers(9) PRESENT
POSTOFFICE
OF FATHERColumbia S.C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY29
(Years)

(12) BIRTHPLACE

Lefayette Co

(13) OCCUPATION

Asst. Superintendent (Oil Mill)(20) Number of children born to
mother, including present birth3

MOTHER

(14) NAME BEFORE
MARRIAGEMiss Mable Shady(15) PRESENT
POSTOFFICE
OF MOTHERColumbia S.C.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY29
(Years)

(18) BIRTHPLACE

Lefayette Co

(19) OCCUPATION

house wife(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Frances Viger

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

New Brookland S.C.Given name added from a supplement
tal reportSee attached
1/6/22
Registrar

(26) Witness

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

(27) Filed

9-26-10-22

19

(28)

E. C. McLean

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.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.