(1) PLACE OF BIRTH

County of Orangeburg

Township of Middle

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2239

Registration District No. 3620 Registered No. 6

(For use of Local Registrar)

(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 Emma Summers

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	January 11 1922

FATHER.

(8) FULL NAME James L. Summers

(9) PRESENT POSTOFFICE OF FATHER Bowman S C

(10) COLOR OR RACE col.

(11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE Ar b co S.C.

(13) OCCUPATION Farmer.

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Felicia Fogle

(15) PRESENT POSTOFFICE OF MOTHER Bowman, S.C.

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Orangeburg Co S.C.

(19) OCCUPATION Work on farm

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 Noon M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Flora Whaley

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Bowman, S.C.

Given name added from a supplemental report

..... 19....

Registrar

(26) Witness .....

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

(27) Filed Feb 1 1922 (28) M. Wolfe

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.

Midwife of Columbia, Columbia, S. C.

Mrs. [illegible] was one of the midwives who attended the [illegible] Institute of Midwifery, No. 1 Tuberculosis, No. 2, etc., in question 5