

FORM NO. 7. 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 5.

CERTIFICATE OF BIRTH			File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA.			43795	
Bureau of Vital Statistics				
State Board of Health				
(1) PLACE OF BIRTH			Registration District No. 3462 Registered No. 186	
County of Newberry			(For use of Local Registrar)	
Township of				
Inc. Town of				
City of Newberry			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 Jane Harriet Summer			If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? G	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth 1	(6) Are Parents Married? yes	(7) DATE OF BIRTH Dec 8, 1922
FATHER.			MOTHER.	
(8) FULL NAME John Harrison Summer			(14) NAME BEFORE MARRIAGE Mary Alice Swittenberg	
(9) PRESENT POSTOFFICE OF FATHER Newberry SC			(15) PRESENT POSTOFFICE OF MOTHER Newberry SC	
(10) COLOR OR RACE wht	(11) AGE AT LAST BIRTHDAY 62	(16) COLOR OR RACE wht	(17) AGE AT LAST BIRTHDAY 34	
(12) BIRTHPLACE SC			(18) BIRTHPLACE SC	
(13) OCCUPATION Merchant			(19) OCCUPATION Housewife	
(20) Number of children born to mother, including present birth 1			(21) Number of children of this mother now living, including present birth 1	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was born at 10:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) James M. Libby M.D.				
(24) State whether Physician or Midwife Physician				
(25) Address of Physician or Midwife Newberry SC				
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)				
(27) Filed Jan 1, 1923. (28) S. S. Cunningham 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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