

(1) PLACE OF BIRTH
County of Manion
Township of Manion
or
Inc. Town of Manion
City of Manion

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

File No. — For State Registrar Only
7752

Registration District No. 22A Registered No. 16
(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 Edward Sumner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 13, 1923</u> (Name of Month) (Day) (Year)
(8) FATHER. FULL NAME <u>John Sumner</u> PRESENT POSTOFFICE OF FATHER <u>Manion, S.C.</u> (9) COLOR OR RACE <u>White</u> (10) BIRTHPLACE <u>North Carolina</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (12) OCCUPATION <u>Public Works</u>				(13) MOTHER. NAME BEFORE MARRIAGE <u>Ellie May Jackson</u> (14) PRESENT POSTOFFICE OF MOTHER <u>Manion, S.C.</u> (15) COLOR OR RACE <u>White</u> (16) BIRTHPLACE <u>North Carolina</u> (17) AGE AT LAST BIRTHDAY <u>17</u> (18) OCCUPATION <u>Domestic</u>
(19) Number of children born to mother, including present birth <u>2</u>				(20) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) Hour A. M. or P. M. 5:15 A.M.

(23) (Signature) W. H. Sumner (24) State whether Physician or Midwife, Physician (25) Address of Physician or Midwife Manion, S.C.

Given name added from a supplemental report

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

(27) Filed Apr 10, 1923 (28) Local Registrar W. H. Sumner

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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