

(1) PLACE OF BIRTH

County of *Northberry*Township of *No. 1*or
Inr. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11394

Registration District No. *3408* Registered No. *14*

(For use of Local Registrar)

(No. *Wallohan Hill* Sec. *1* Ward *1*)(2) Full Name of Child *Emily Juvenile Summers*

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

(3) SEX *Girl* (4) Twin or Triplet *—* (5) Number in order of birth *—* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Mar 27 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Leland Summers*(9) PRESENT RESIDENCE OF FATHER *Northberry S. C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *70*
(Year)(12) BIRTHPLACE *S. C.*(13) OCCUPATION *Mill work*(14) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Veta Summers*(15) PRESENT RESIDENCE OF MOTHER *Northberry S. C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *16*
(Year)(18) BIRTHPLACE *S. C.*(19) OCCUPATION *Domestic*(20) 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 2 P.M.*
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) *P. J. Smith*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Northberry S. C.*

Given name added from a supplemental report

*S. D. Cunningham**May 10 1923*
Registrar

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

(27) *May 7 1923* (28) *S. D. 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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MARGIN RESERVED FOR INDEXING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK ON FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

Form No. 1

Section of Columns. Columns, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.