

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Summerton  
 or  
 Inc. Town of Summerton  
 or  
 City of Se

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

841

Registration District No. 1302 Registered No. 8  
 (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 Francis Sarah Fox (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? one (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27, 1922  
 (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Herman Fox(9) PRESENT POSTOFFICE OF FATHER Summerton, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Russia(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Lipton(15) PRESENT POSTOFFICE OF MOTHER Summerton, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Russia(19) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lionel C. Starks, M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerton, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 30, 1922 (28) F. C. Wickham Local Registrar

\*When there was no attending physician or midwife, even 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.