

WRITE PLAINLY, WITH UNFADING INK—THIS IS A FORM FOR AN INFANT CHILD, and mark the  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT for EACH CHILD, and mark the  
 PARENTS' NAMES. No 1 THIS CHILD. No 2, etc. in question 8.  
 REGISTERED IN SOUTH CAROLINA, 1922

(1) PLACE OF BIRTH  
 County of Charleston...  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 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  
**3382**

Registration District No. D. A. Registered No. 227.....  
 (For use of Local Registrar)  
 (No. Robert Hospital St.; ..... Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Baby Sumions

(3) BOY OR GIRL girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 17, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME James Sumions  
 (9) PRESENT POSTOFFICE OF FATHER Charleston  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE New Point  
 (13) OCCUPATION Stenographer  
 (20) Number of children born to mother, including present birth ten

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Christine Nesbit  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE St James S C  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:55 P. M. on the date above stated. (Hour alive or stillborn) (Hour of P. M.)  
 (23) (Signature) Ralph W. Pease M.D.  
 (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report ..... (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 ..... 19 ..... (27) Filed 1/20 1922 at Robert Hospital 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.