

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Charleston STATE OF SOUTH CAROLINA.

File No.—For State Registrar Only  
**75965**

Township of " " Bureau of Vital Statistics  
State Board of Health

Inc. Town of " " Registration District No. 4A Registered No. 942

City of Charleston (No. 133 District) 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 Infant of Elizabeth Summers child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 7, 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME George Summers

(14) NAME BEFORE MARRIAGE Elizabeth Summers

(9) PRESENT POSTOFFICE OF FATHER Jackson Miss

(15) PRESENT POSTOFFICE OF MOTHER Charleston SC

(10) COLOR OR RACE Coe (11) AGE AT LAST BIRTHDAY 41 1/2 (Years)

(16) COLOR OR RACE Coe (17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Columbia SC

(18) BIRTHPLACE Columbia SC

(13) OCCUPATION Presb Layer

(19) OCCUPATION Nurse

(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 Barbara Dejea 3:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Love Corns

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

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

(27) Filed 9/10 1916 (28) J. Mercier 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. E.—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.  
McCaw, of Columbia.