

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville  
Township of Union  
or  
Inc. Town of.....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22297

Registration District No. 2200 Registered No. 58  
(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 Jorana Summers

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 30, 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) Full Name Jos. T. Summers  
(9) Present Postoffice of Father Summersville  
(10) Color or Race White (11) Age at Last Birthday 30 (Years)  
(12) Birthplace S.C.  
(13) Occupation Cotton mill employee  
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) Name before Marriage Dr. Lanthieridge  
(15) Present Postoffice of Mother Summersville  
(16) Color or Race White (17) Age at Last Birthday 31 (Years)  
(18) Birthplace S.C.  
(19) Occupation Housewife  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M., on the date above stated. (Born alive or stillborn) Hour M. or P. M.)

(23) (Signature) Wm. D. Dyer  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summersville

Given name added from a supplemental report

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

(27) Filed Aug. 10, 1922 (28) L. F. Richardson 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.