

1) PLACE OF BIRTH

County of Sumner Co.

Township of Sumner

or Inc. Town of Sumner

or City of Sumner

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32563

Registration District No. 4 Registered No. 26

(For use of Local Registrar)

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

(2) Full Name of Child Lidson

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

1 SEX OF CHILD Male 2 Twin or Triplet? No 3 Number in order of birth 1 4 Are Parents Married? Yes 5 DATE OF BIRTH Sept 15 1905
(Name of Month) (Day) (Year)

FATHER.

6 FULL NAME Paul L. Smith
7 PRESENT POSTOFFICE OF FATHER Sumner
8 COLOR OR RACE Colored 9 AGE AT LAST BIRTHDAY 36 (Year)
10 BIRTHPLACE Sumner
11 OCCUPATION Farmer
12 Number of children born to mother, including present birth 9

MOTHER.

13 NAME BEFORE MARRIAGE Sitney Jones
14 PRESENT POSTOFFICE OF MOTHER Sumner
15 COLOR OR RACE Colored 16 AGE AT LAST BIRTHDAY 34 (Year)
17 BIRTHPLACE Sumner
18 OCCUPATION Farmer
19 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was Male at 5 P.M. on the date above stated. (Born alive Yes (Hour 5 or P.M.)

(21) (Signature) Chas. H. Jones

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Sumner

Given name added from a supplemental report

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

(25) Filed 1905 (26) Chas. H. Jones 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.

1905 Registrar (27) Filed Oct 8 1905 (28) Chas. H. Jones Local Registrar.

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