

MAINTAIN UNREMOVED EDGE 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 8.

McCaw, of Columbia

(1) PLACE OF BIRTH
 County of Charleston **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 File No.—For State Registrar Only
48621
 Township of Steep
 or
 Inc. Town of Registration District No. 1.2.7 Registered No. 1
 City of (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 James Fearley Summer { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 5, 1911</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Thos J Summer</u>			(14) NAME BEFORE MARRIAGE <u>Beth King</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Patrick, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Patrick, S. C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Charleston Co.</u>			(18) BIRTHPLACE <u>Darlington Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. B. Smith

(24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Patrick, S. C.

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

..... 191.....

..... 191.....

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filled 191..... (28) D. S. Matheson 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.

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