

(1) PLACE OF BIRTH

County of AndersonTownship of AndersonInc. Town of
orCity 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

4000

Registration District No. 170Registered No. 10
(For use of Local Registrar)(2) Full Name of Child John D. Ayers

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

(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Jun. 16, 1912
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME John W. Ayers(2) PRESENT POSTOFFICE OF FATHER Paul T. Sumnerville 20(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Orangeburg County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lavinia D. Murray(15) PRESENT POSTOFFICE OF MOTHER Paul T. Sumnerville 20(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Berkley County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (at 9:40 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) E. D. Ayers (24) State whether Physician or Midwife (25) Address of Physician or MidwifePhysician Sumnerville 20

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 15 1912 (28) 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.