

## (1) PLACE OF BIRTH

County of CalhounTownship of Lizana

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

6703

Registration District No. 502Registered No. 28

(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 Asalee Sumter

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH March 18, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lonnie Sumter(9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 19  
(Years)(12) BIRTHPLACE Calhoun Co.(13) OCCUPATION farm help(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Jamison(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 17  
(Years)(18) BIRTHPLACE Calhoun Co.(19) OCCUPATION house work(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 Born alive, at 9 A.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. E. Jamison(24) State whether Physician or Midwife Midwife(25) Address of Physic or Midwife Cameron, S.C.

Given name added from a supplemental report

(26) Witness W. X. Keller

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

(27) Filed March 20, 1922

(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.