

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Lexington STATE OF SOUTH CAROLINA.Township of Boiling Springs Bureau of Vital Statistics

Inc. Town of ..... State Board of Health

City of ..... Registration District No. 201 Registered No. 20  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)(2) Full Name of Child John Marshall Schumpert If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June, 20, 1906  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Hiram Schumpert(14) NAME BEFORE MARRIAGE Ellen Taylor(9) PRESENT POSTOFFICE OF FATHER Edmund, S.C.(15) PRESENT POSTOFFICE OF MOTHER Edmund, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Edmund, S.C.(18) BIRTHPLACE Lexington, S.C.(13) OCCUPATION Farmer(19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth { ..... 1 ..... }

(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 Alive, at 4 ..... P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julie S. Hayes

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed August 16, 1906 (28) R. H. Derrick  
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 third month of pregnancy.