

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE USED ONLY FOR THE PURPOSES OF THE BUREAU OF VITAL STATISTICS. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE USED ONLY FOR THE PURPOSES OF THE BUREAU OF VITAL STATISTICS.

(1) PLACE OF BIRTH

County of Lamers  
Township of Hunter  
or  
Inc. Town of Cydrin  
or  
City of Cydrin

(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

00619

Registration District No. 42902 Registered No. 169  
(For use of Local Registrar)

(No. 3 R.D. Clinton St. Ward)

(2) Full Name of Child

(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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 7 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Oliver Summers

(14) NAME BEFORE MARRIAGE Fannie Hughes

(9) PRESENT POSTOFFICE OF FATHER Clinton R.D. 3

(15) PRESENT POSTOFFICE OF MOTHER Clinton St.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION mill operator

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 8 6

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Dora Harris

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Clinton St.

Given name added from a supplemental report

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

19 Registrar

(27) Filed Dec 30 1916 (28) J. L. W. Bailey  
Subsidiary 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.