

## (1) PLACE OF BIRTH

County of Lexington  
Township of Hollenbrook

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—for State Register Only

41587

Inc. Town of ..... Registration District No. 3108 Registering No. 65  
(For use of Local Registrar)  
City of ..... (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 Lillie Larine Summers If child is not yet named, make supplemental report as directed

(3) SEX GIRL? <u>Yes</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age Female Married?	(7) DATE OF BIRTH <u>Sept 20</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>L.B. Summers</u>			(14) NAME BEFORE MARRIAGE <u>Eunice Wright</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lexington S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lexington S.C.</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) BIRTHPLACE <u>Lexington S.C.</u>			(17) BIRTHPLACE <u>Lexington S.C.</u>	
(12) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>4</u>			(20) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on Sept 20  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Freddie T. Jones  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife  
midwife Hilbert S.C.Given name added from a supplement-  
al report(25) Witness Father of Child  
(Signature of Witness necessary only  
when question 21 is signed by mark)(26) Filed Jan 11, 1924 (27) J.N. Shull  
Registrar 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.