

22 049479

Standard Certificate of Birth

FILE No.—For State Registrar Only

1879

1. PLACE OF BIRTH

County of RichlandTownship of Centeror
Inc. Town of

City of

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3801-A Registered No. 1879
(For use of Local Registrar)(No. 1879 St. 1879 Ward 1879)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)2. FULL NAME OF CHILD Lacy Quinton Summer
(If child is not yet named, make supplemental report as directed)3. Boy or Girl Boy If Plural births 4. Twins, triplets or other 6. Premature 7. Are Parents 8. Date of birth Dec. 11, 1922
5. Number, in order of birth Full term Married? Yes (Month, day, year)9. Full name FATHER
James Oscar Summer10. Residence (mailing address)
(If non-resident, give place and State) Cola. Rt. 511. Color or race White 12. Age at child's birth 53 (years)13. Birthplace (city or place) Chapin, S. C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section foreman15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Rail Road16. Date (month and year last) engaged in this work present 17. Total time (years) spent in this work 192218. Name before marriage MOTHER
Jemima Rabon19. Residence (mailing address)
(If non-resident, give place and State) Cola. SC. Rt. 520. Color or race White 21. Age at child's birth 36 (years)22. Birthplace (city or place) Richland County, S. C.
(State or country)23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work present 26. Total time (years) spent in this work 192227. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn28. If stillborn, months weeks 29. Cause of stillbirth Before labor
period of gestation During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from
a supplementary report (Date of)(Signed) Mrs. J. G. Summers, Parent
or GuardianAddress M. B. Woodward M. D.Filed Nov. 15, 1940 Registrar M. B. Woodward M. D.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)