

22 049479

# Standard Certificate of Birth

FILE No.—For State Registrar Only  
**1879**

1. PLACE OF BIRTH  
 County of Richland  
 Township of Center  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 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 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 \_\_\_\_\_  
 5. Number, in order of birth \_\_\_\_\_  
 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_  
 7. Are Parents Married? Yes  
 8. Date of birth Dec. 11, 1922  
 (Month, day, year)

9. Full name **FATHER**  
James Oscar Summer

18. Name before marriage **MOTHER**  
Jemima Rabon

10. Residence (mailing address) (If non-resident, give place and State) Cola. Rt. 5

19. Residence (mailing address) (If non-resident, give place and State) Cola. SC. Rt. 5

11. Color or race White 20. Age at child's birth 53 (years)

20. Color or race White 21. Age at child's birth 36 (years)

13. Birthplace (city or place) (State or country) Chapin, S. C.

22. Birthplace (city or place) (State or country) Richland County, S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section foreman

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Rail Road

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

16. Date (month and year last) engaged in this work present, 1922

25. Date (month and year) last engaged in this work present, 1922

17. Total time (years) spent in this work \_\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_

27. 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) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_

## 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.)

(Signed) Mrs J. G. Summers, Parent  
 or \_\_\_\_\_, Guardian

Given name added from a supplementary report \_\_\_\_\_ (Date of)

Address \_\_\_\_\_  
 Filed Nov. 15, 1940 M. B. Woodward, M. D. Registrar.

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)