

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland..
 Township of Centnd..

OR
 Inc. Town of

OR
 City of Lykesland

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lucile Jones

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 22 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Jones

(9) PRESENT POSTOFFICE OF FATHER Lykesland

(10) COLOR OR RACE Colard

(11) AGE AT LAST BIRTHDAY 37
 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE Larrie Johns

(15) PRESENT POSTOFFICE OF MOTHER Lykesland

(16) COLOR OR RACE Colard

(17) AGE AT LAST BIRTHDAY 18
 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

Housekeeper

(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 Born June 22 at 10: P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Larrie Johns

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Lykesland S. C.

Given name added from a supplemental report

(26) Witness Husband: Tom Jones
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (28) 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.

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