

See also Vol. 9-7311

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—  
N. 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Darlington</u>		STATE OF SOUTH CAROLINA		970	
Township of <u>.....</u>		Bureau of Vital Statistics			
or Inc. Town of <u>.....</u>		State Board of Health			
City of <u>.....</u>		Registration District No. <u>1201</u>		Registered No. <u>4</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Jack Luna</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Age Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan 9 22</u>	(8) DATE OF MONTH (Day) (Year)
FATHER.			MOTHER.		
(9) FULL NAME <u>Bunk Luna</u>	(11) AGE AT LAST BIRTHDAY <u>34</u>		(12) NAME BEFORE MARRIAGE <u>Bessie William</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Darlington R</u>			(13) PRESENT POSTOFFICE OF MOTHER <u>Darlington R</u>		
(14) COLOR OR RACE <u>Col</u>	(15) AGE AT LAST BIRTHDAY <u>27</u>		(16) COLOR OR RACE <u>Col</u>		
(17) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(19) OCCUPATION <u>farm hand</u>			(20) OCCUPATION <u>farm work</u>		
(21) Number of children born to mother, including present birth <u>2</u>			(22) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(23) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>3 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(24) (Signature) <u>Rachel Berry</u>		(25) Address of Physician or Midwife <u>Darlington</u>			
(26) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report		(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Ed Easley</u>			
19 <u>22</u> Registrar		(28) Filed <u>Feb 1 22</u> 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.					

MADE BY COLUMBIA, COLUMBIA, S. C.