

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
or
Inc. Town of.....
or
City of Greenville
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
22250

Registration District No. 27A Registered No. 320
(For use of Local Registrar)
(No. 16 Year 8 St.; Ward)

(2) Full Name of Child Jones Thomas Senn If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>32</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 9, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Jones Clayton Senn</u>			14) NAME BEFORE MARRIAGE <u>Gertrude Beatrice Allen</u>	
9) PRESENT POSTOFFICE OF FATHER <u>161 1/2 S. E. Greenville</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>	
10) COLOR OR RACE <u>W</u>		11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	16) COLOR OR RACE <u>W</u>	
12) BIRTHPLACE <u>Ballou's Creek</u>		17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
13) OCCUPATION <u>Householder</u>			18) BIRTHPLACE <u>Greenville S.C.</u>	
19) OCCUPATION <u>Householder</u>			18) OCCUPATION <u>Householder</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born alive at 6:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. B. Senn

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife 104 S. Main

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by clerk)

(27) Filed July 14, 1922 (28) Chas. B. Senn 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.

*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.

RECAP