

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 Aiken
Township of Shiloh
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
40619

Registration District No. 212 Registered No. 39
(For use of Local Registrar)

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

(2) Full Name of Child Franklin Lane { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL girl (4) Twin or Triplet staring (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 16, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Tom Lane
(9) PRESENT POSTOFFICE OF FATHER Jackson S C
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 49
(12) BIRTHPLACE Aiken CO
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 15

MOTHER.
(14) NAME BEFORE MARRIAGE Margie Ray
(15) PRESENT POSTOFFICE OF MOTHER Jackson S C
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
(18) BIRTHPLACE Aiken CO
(19) OCCUPATION farmer's wife
(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature M. W. Widener
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hatatha S C

Given name added from a supplemental report
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....., 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/8 1923. (28) S. J. Owens
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.