

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		40698	
Township of <u>Ball Pond</u>		Bureau of Vital Statistics			
City of <u>Barton</u>		State Board of Health			
Inc. Town of .....		Registration District No. <u>4603</u>		Registered No. <u>79</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward ....)		(For use of Local Registrar)	
(2) Full Name of Child <u>Jim Luten Jr</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 17th 22</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Jim Luten</u>			(14) NAME BEFORE MARRIAGE <u>Cloune Ehnore</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Barton SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Barton</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Not Bared here Ga</u>			(18) BIRTHPLACE <u>Barton SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7:00 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Choy Brantley</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Surveys &amp; Co</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>Dec 20 22</u>		
Registrar			(28) <u>J. A. Rowe</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.					

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