

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>Harry</u>		STATE OF SOUTH CAROLINA		34973	
Township of <u>Little River</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>75 P. 7</u>		Registered No. <u>57</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>Clara Ethel Turner</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Sept. 19, 1922</u>	
(Name) (Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Lucy Chestnut</u>			(14) NAME BEFORE MARRIAGE <u>Mary Turner</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Waukena SC.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Waukena SC.</u>		
(10) COLOR OR RACE <u>Blk.</u>	(11) AGE AT LAST BIRTHDAY <u>2-1</u>	(16) COLOR OR RACE <u>Blk.</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>		
(12) BIRTHPLACE <u>Harry Co</u>		(18) BIRTHPLACE <u>Harry Co SC</u>			
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Farm Laborer</u>			
(20) Number of children born to mother, including present birth <u>One</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>born alive</u> at <u>9 P.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Katherine Randon</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Phys. or Midwife <u>Waukena SC</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>Sept. 28, 1922</u>		
Registrar			(28) <u>Local Registrar</u>		
*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.					