

MARGIN RESERVED FOR BINDING.

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, GEORGIA, S. C.

(1) PLACE OF BIRTH

County of Pulaski  
Township of Early  
or  
Inc. Town of .....  
or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward)

(2) Full Name of Child Garlen H. Lee Lark

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22  
If child is not yet named, make supplemental report as directed

FATHER.  
(8) FULL NAME H. A. Lark  
(9) PRESENT POSTOFFICE OF FATHER Early N. Y. 1  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(12) BIRTHPLACE Pulaski  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Ellen Mary Alexander  
(15) PRESENT POSTOFFICE OF MOTHER Early N. Y. 1  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(18) BIRTHPLACE Pulaski  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. W. C. W. J. M. D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Casley, S. C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed in ink)  
(27) Filed June 7 19 22 (28) A. H. Nyath 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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CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**16370**

Registration District No. 3702 Registered No. 34  
(For use of Local Registrar)