

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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, S. C.

RECAP

(1) PLACE OF BIRTH

County of Charleston
 Township of Smith
 or
 Inc. Town of
 or
 City of Myrtle Beach, S.C.
 (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

3543

Registration District No. 10 a

Registered No. 32
 (For use of Local Registrar)

(No. 206 St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet? Twins
 To be answered only in event of Twins or Triplets

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 27, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Vernon Jolly
 (9) PRESENT POSTOFFICE OF FATHER Myrtle Beach, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Charleston, S.C.
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Drey Allison
 (15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Charleston, S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was at 5:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) John D. Smith

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Myrtle Beach, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 24 is signed by male)

(27) Filed March 10, 1922 (28) N. J. Smith 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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