

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 4.

RECAP OF COLUMBIA, S. C.

(1) PLACE OF BIRTH—		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">2855</div>	
County of <u>Gibber</u>		Registration District No. <u>703</u>		Registered No. <u>16</u>	
Township of <u>Edely Swamp</u>				(For use of Local Registrar)	
City of _____		(No. _____ 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 <u>Jay Lowney Bodie</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>July 20, 1922</u>	
To be answered only in event of Twins or Triplets			(Name of Child) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>W.L. Bodie</u>			(14) NAME BEFORE MARRIAGE <u>Lawrence Courtney</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Perry</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Perry</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)		
(12) BIRTHPLACE <u>J.C.</u>			(18) BIRTHPLACE <u>J.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>19</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>at 10:4</u> at <u>10:4</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Vera Hope</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Perry S.C.</u>					
Given name added from a supplemental report			(26) Witness		
<u>See Affidavit</u>			(Signature of Witness necessary only when question 23 is signed by mark)		
<u>11/21/22</u>			<u>July 20, 22</u>		
_____, Registrar			(27) Filed _____ (28) _____ 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.					

MARGIN RESERVED FOR NUMBERING