

MARGIN RESERVED FOR BINDING.

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

M. 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.

REG. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Aiken
 Township of Hammond
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Regis.
2869

Registration District No. 2019 Registered No. 3
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? —	(5) Number in order of birth —	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb. 2, 22</u> (Name of Month) (Day) (Year)
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FATHER.
 (8) FULL NAME Jno. H. Lark
 (9) PRESENT POSTOFFICE OF FATHER Augusta Ga R 704
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)
 (12) BIRTHPLACE Aiken Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lucenia Nichols
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 704
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Aiken Co.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Manila Denny
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Char Water

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (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.