

MARGIN RESERVED FOR BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. WRITE PLAINLY. 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.

CERTIFICATE OF BIRTH				File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA				5803	
Bureau of Vital Statistics					
State Board of Health					
(1) PLACE OF BIRTH				Registration District No. 300	
County of Anderson				Registered No. 46	
Township of B. B. Linton				(For use of Local Registrar)	
City of				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 William M. Linton				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH	
Male	To be answered only in event of Twin or Triplet	1	Yes	5 2 1923	
FATHER.			MOTHER.		
(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(12) BIRTHPLACE	(13) OCCUPATION
William M. Linton	B. B. Linton	White	22	Anderson S.C.	Farmer
MOTHER.			(14) NAME BEFORE MARRIAGE		
			Elizabeth Linton		
			(15) PRESENT POSTOFFICE OF MOTHER		
			B. B. Linton		
			(16) COLOR OR RACE		
			White		
			(17) AGE AT LAST BIRTHDAY		
			12		
			(18) BIRTHPLACE		
			Anderson S.C.		
			(19) OCCUPATION		
			Farmer		
			(20) Number of children born to mother, including present birth		
			1		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(21) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Near A. M. or P. M.)					
(22) on the date above stated.					
(23) (Signature)					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
(26) Witness					
(27) Filed					
(28) Local Registrar.					
(29) 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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