

(1) PLACE OF BIRTH

County of Charleston  
 Municipality of Beaufort  
 or  
 Town of .....

**CERTIFICATE OF BIRTH**

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

No. 10.—For this Register only  
37773

Registration District No. 4008 Registered No. 806  
 (For use of Local Registrar)

City of ..... (No. 11/2/24 ..... 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 Olivia Linder If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female (4) Type or Figure X (5) Number by order of birth 1st (6) Date of Birth Nov. 16, 1923  
 To be entered only in case of Type of Figure (Name of Month) (Day) (Year)

**FATHER.**  
 (7) FULL NAME Harry Linder  
 (8) PRESENT RESIDENCE OF FATHER Not known  
 (9) COLOR White (10) AGE AT LAST BIRTHDAY 37  
 (11) BIRTHPLACE Not known  
 (12) OCCUPATION Teacher  
 (13) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Olivia Clowney  
 (15) PRESENT RESIDENCE OF MOTHER Converse  
 (16) COLOR White (17) AGE AT LAST BIRTHDAY 21  
 (18) BIRTHPLACE W. P. (Union S.)  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, 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 at 3 P. M. on the date above stated. (born alive or stillborn. (Hour M. of P. M.)

(22) (Signature) W. L. Davidson  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Physician Converse

Give name added from a supplemental report  
 .....  
 19....  
 Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (26) Date Nov. 24, 1923 (27) Mrs. C. F. Parker 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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