

(1) PLACE OF BIRTH

County of Lexington
 Township of Saluda
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39295

Registration District No. 3111 Registered No. 40
 (For use of Local Registrar)

(2) Full Name of Child Mary Effie Lindler

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 17, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Backman Lindler(9) PRESENT POSTOFFICE OF FATHER Chapin(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Bell Wessinger(15) PRESENT POSTOFFICE OF MOTHER Chapin(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(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 born alive at 1:09 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. W. Wessinger

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Chapin

Given name added from a supplemental report

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

(27) Filed Dec 8, 1922

(28) J. W. Wessinger 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.