

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Academyville

Inc. Town of

City of

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

8983

Registration District No. Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child Odell L. Linn (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age <u>Yes</u> Recent Married	(7) DATE OF BIRTH <u>April 29, 1923</u> (Month of birth) (Day) (Year)
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(8) FATHER FULL NAME <u>Ernest Linn</u>		(9) MOTHER NAME BEFORE MARRIAGE <u>Kager Huff</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Abbeville, S.C.</u>		(11) PRESENT RESIDENCE OF MOTHER <u>Academyville, S.C.</u>	
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>48</u> (Years)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>39</u> (Years)
(16) BIRTHPLACE <u>S.C.</u>		(17) BIRTHPLACE <u>S.C.</u>	
(18) OCCUPATION <u>Train Conductor</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Calder 2 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James L. Beach

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) May 12, 1923 (28) J. M. Linn
Registrar Local RegistrarIf no attending physician or midwife, then the father, householder, etc., should make this return.
If breeched even once, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.BE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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 3.

S. C. COMMISSIONER, S. C.