

(1) PLACE OF BIRTH

County of Walhalla
Township of Linn
or
Inc. Town of
or
City of Lake City, S.C.
(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.

22 050062

Registration District No. 4107

Registered No. 1000
(For use of Local Registrar)

City of Lake City, S.C.

(2) Full Name of Child David Linn Durbose

BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(8) Are Parents Married? yes

(7) DATE OF BIRTH June 2, 1922
(Name of Month) (Day) (Year)

FATHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

(11) AGE AT LAST BIRTHDAY 40
(Years)

(14) NAME BEFORE MARRIAGE Margaret M. Hill

(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.

(16) COLOR OR RACE White

(18) BIRTHPLACE Walhalla S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

MOTHER.

(17) AGE AT LAST BIRTHDAY 33
(Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature) Albert

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 12. N. W. St.

even name added from a supplemental report

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

(27) Filed 1-26 19 23 (28) S. B. McEwen 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.