

MARGIN DESIGNATED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

Chw. of Columbia

(1) PLACE OF BIRTH

County of York
Township of York
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
54161

(2) Full Name of Child George L. Linder

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 25 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME George L. Linder
(9) PRESENT POSTOFFICE OF FATHER York, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE York, S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE Anna L. Linder
(15) PRESENT POSTOFFICE OF MOTHER York, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE York, S.C.
(19) OCCUPATION Farmer
(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 York, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. L. Linder
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York, S.C.

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness Wm. L. Linder
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mar 25 1916 (28) Wm. L. Linder 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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