

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 or
 Inc. Town of Burton
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29002

Registration District No. 600 Registered No. 523
 (For use of Local Registrar)

(No. 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 Rebecca Ford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? No(7) DATE OF BIRTH Sept 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James L. Linner(9) PRESENT POSTOFFICE OF FATHER Burton SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 18
(Years)(12) BIRTHPLACE Sumter SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Saxie Ford(15) PRESENT POSTOFFICE OF MOTHER Burton SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Port Royal Island SC(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel L. McNeill(24) State whether Physician or Midwife(25) Address of Physician or Midwife Burton S.C.

Given name added from a supplemental report

(26) Witness William H. Rice
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 23 1922 (28) H. G. ... 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.

MARGIN RESERVED FOR BINDING.

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, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.