

(1) PLACE OF BIRTH

County of SumterTownship ofor
Inc. Town ofor
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

Registration District No. 4108

File No.—For State Registrar Only

24118Registered No. 138
(For use of Local Registrar)(2) Full Name of Child James Hansen Linton

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>one</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 11</u> BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Albert Linton</u>			(14) NAME BEFORE MARRIAGE <u>Eugenia James</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>C. S. Co. S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>C. S. Co. S. C.</u>	
(10) COLOR OR RACE <u>caucasian</u>			(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(12) BIRTHPLACE <u>Sumter County</u>			(18) BIRTHPLACE <u>Sumter County</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>	
(20) Number of children born to mother, including present birth <u>ten 10</u>			(21) Number of children of this mother now living, including present birth <u>nine 9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Emilia M. G. at 11:30 P. M.
on the date above stated. (Born alive or stillborn) alive(23) (Signature) Emilia M. G.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife C. S. Co. S. C.

Given name added from a supplemental report

Wm. C. Lee
July 4, 1915
Registrar(26) Witness Albert Linton
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1, 1915 (28) Wm. C. Lee
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.

FIRST BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

MCGAW OF COLUMBIA, COLUMBIA, S. C.