

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of *Lexington*  
Township of *Saluda*  
or  
Inc. Town of .....  
or  
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

73808

Registration District No. *3111* Registered No. *41*  
(For use of Local Registrar)

(2) Full Name of Child *Geo Willard Lindler* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *July 21* 191*4*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME *Killian Lindler*  
(9) PRESENT POSTOFFICE OF FATHER *Chapin S.C.*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *38* (Years)  
(12) BIRTHPLACE *Lexington Co. S.C.*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth { ..... *3* .....

MOTHER.  
(14) NAME BEFORE MARRIAGE *Lizzie Frick*  
(15) PRESENT POSTOFFICE OF MOTHER *Chapin S.C.*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30* (Years)  
(18) BIRTHPLACE *Lexington Co. S.C.*  
(19) OCCUPATION *Housewife*  
(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 ..... *12 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. W. Harringer M.D.*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*Per S. C. Harringer Ballentine*

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed *Sept 1 1914* (28) *S. C. Harringer* 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.