

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of Conover

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3475

Registration District No. 702 Registered No. 11

(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 Mary Linnah Wilson

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 9 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(3) FULL NAME Moses Linnah(8) PRESENT POSTOFFICE OF FATHER Silver S C(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 37 (Year)(12) BIRTHPLACE Clarendon co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Phoebe Wilson(15) PRESENT POSTOFFICE OF MOTHER Silver S C(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Clarendon co(19) OCCUPATION Farmer(20) 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 alive at 09 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mary Bathune

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 5 1923 (28) H. E. Spilberg Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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 1

Bureau of Statistics, Columbia, S. C.