

Form No. 3

(1) PLACE OF BIRTH

County of BeaufortTownship of ...Inc. Town of BurstonCity 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

No. 1a.—For State Registrar Only

2940

Registration District No. 600 Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child Julia Linnen

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

3. SEX
GIRL4. Twin
or Triplet5. Number in
order of birth6. Are
Parents
Married yes7. DATE OF
BIRTHJan. 29th 1923

FATHER.

8. FULL
NAMEAbraham Linnen9. PRESENT
POSTOFFICE
OF FATHERBurston S.C.10. COLOR
OR
RACECaucasian11. AGE AT LAST
BIRTHDAY33

12. BIRTHPLACE

Burston S.C.

13. OCCUPATION

Farmer

MOTHER.

14. NAME BEFORE
MARRIAGEMary15. PRESENT
POSTOFFICE
OF MOTHERBurston S.C.16. COLOR
OR
RACECaucasian17. AGE AT LAST
BIRTHDAY33

18. BIRTHPLACE

Burston S.C.

19. OCCUPATION

Farm help20. Number of children born to
mother, including present birth121. Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Stella Simmons

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Burston S.C.Given name added from a supplement-
ed report

(26) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)(27) Signed Feb. 25th 1923(28) W. H. H. H.(29) Local RegistrarWhen 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.