(1) PLACE OF BIRTH

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

County of *Lexington*

Township of *Saluda*
or
Inc. Town of.....................
or
City of ....

Registration District No. *3/11*   Registered No. *34*
(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 *Gloria Robirdia Lindler*   (If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl*	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? *Yes*	(7) DATE OF BIRTH *Oct 6, 19 22*
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Virgil Lindler*

(9) PRESENT POSTOFFICE OF FATHER *Chapin*

(10) COLOR OR RACE *White*   (11) AGE AT LAST BIRTHDAY *35* (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE *Anna Miller*

(15) PRESENT POSTOFFICE OF MOTHER *Chapin*

(16) COLOR OR RACE *White*   (17) AGE AT LAST BIRTHDAY *31* (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *6*

(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *2.45* M.
on the date above stated.   (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *X Lee*
(24) State whether Physician or Midwife *M.D.*   (25) Address of Physician or Midwife *Little Mountain*

Given name added from a supplemental report
....
.....................19....
Registrar

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

(27) Filed *Oct. 16, 19 22*   (28) *Jno Derringer* 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.