

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

PERSONALLY appeared before me, Emma G. Pregnall a Notary Public South Carolina, Albertha Linen, who being duly sworn says and deposes that she is the mother of Julius Benjamin Linen, who was born in the City of Charleston on July 30th, 1923: that the nurse who attended her at record the birth and is now deceased: that she has given the same on the attached return of birth and that same are true and correct.

Albertha Linen
Mother.

Went to before me this

30th day of Sept. A.D. 1930

Emma G. Pregnall
Notary Public S.C.

(27) Filed

6/29/23

(28)

Local Registrar

Registrar

When there is a child born, the attending physician or midwife, then the father, householder, etc., should make this return. If it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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PLACE OF BIRTH

City of Charleston

County of _____

Town of _____

City of Charleston

FULL NAME OF CHILD

Standard Certificate of Birth
STATE OF SOUTH CAROLINABureau of Vital Statistics
State Board of HealthRegistration District No. 2ARegistered No. 1032a
(For use of Local Registrar)(No. 180 1/2 Columbia St.)

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
(If child is not yet named, make supplemental report as directed)

1. Sex of child <u>Male</u>	2. If Plural births <u>1</u>	3. Twin, triplet, or other <u>1</u>	4. Premature <u>No</u>	5. Legitimate <u>Yes</u>	6. Date of birth <u>July 30, 1923</u> (Month, day, year)
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FATHER
Daniel Benjamin LinnResidence (usual place of abode)
City CharlestonState Col., 12. Age at last birthday 18 (Years)Residence (city or place)
City Charleston, S.C.
(State or country)13. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.
Tinner

14. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

15. Date (month and year) last engaged in this work
1916. Total time (years) spent in this work
1917. Cause of stillbirth
118. Date of stillbirth
119. Date of stillbirth
120. Date of stillbirth
121. Date of stillbirth
122. Date of stillbirth
123. Date of stillbirth
124. Date of stillbirth
125. Date of stillbirth
126. Date of stillbirth
127. Date of stillbirth
128. Date of stillbirth
1MOTHER
Albertha Stroders19. Residence (usual place of abode)
City Charleston20. Color or race Col.21. Age at last birthday 17 (Years)22. Birthplace (city or place)
City Charleston, S.C.
(State or country)23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
At home.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work
1926. Total time (years) spent in this work
1927. Cause of stillbirth
128. Date of stillbirth
129. Date of stillbirth
130. Date of stillbirth
131. Date of stillbirth
132. Date of stillbirth
133. Date of stillbirth
134. Date of stillbirth
135. Date of stillbirth
136. Date of stillbirth
137. Date of stillbirth
138. Date of stillbirth
1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated
(Born alive or stillborn)(Signed) M. D.or Rynah Simmons, MidwifeAddress America St.Filed 9/30/30 19 Emma G. Fegans

Made on at Idavit of mother.