

(1) PLACE OF BIRTH

County of York
Township of 11

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2547

Inc. Town of Registration District No. Registered No.
(For use of Local Registrar)
City of (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 { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>Is not reported only in case of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>1 7 22</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>Tom Lindall</u>		MOTHER (14) NAME BEFORE MARRIAGE <u>Edua Funder</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Couper, S.C., R. 1</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>←</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>D.</u>		
(20) Number of children born to mother, including present birth <u>10</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. c. d. at 3:15 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Couper, S.C.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
..... 191 191
..... Registrar	(28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

*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 child has breathed the 2 months of pregnancy.

*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.

THIS IS THE UNIFORM BLANK FOR EACH CHILD, TO BE USED IN ALL STATES OF THE UNION. IT IS THE PROPERTY OF THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.