

THIS IS A SEPARATE BLANK FOR EACH CHILD, and must be
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Washington
Township of Sumner Creek
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
3616

Registration District No. 3.9.1. Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Longa Lina (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth - (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 11, 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME W. A. Lina
(9) PRESENT POSTOFFICE OF FATHER Washington R.
(10) COLOR OR RACE Coke (11) AGE AT LAST BIRTHDAY 3.9.
(Year)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Alma Lina
(15) PRESENT POSTOFFICE OF MOTHER Washington R.
(16) COLOR OR RACE Coke (17) AGE AT LAST BIRTHDAY 2.9.
(Year)
(18) BIRTHPLACE S. C.
(19) OCCUPATION at home

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma at 6 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Barry
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Washington

Given name added from a supplemental report
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19

(26) Witness Ed Early
(Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Feb 20, 1923 (28) Ed Early
Registrar 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.