

WITH ENFOLDING INN—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

OFFICE OF COLUMBIA, COLUMBIA, S. C.

MACA

(1) PLACE OF BIRTH
County of Laurens
Township of Laurens
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
30986

Registration District No. 7901 Registered No. 113
(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 Margaret E. Linley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 19, 1922
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME Jim Linley
(9) PRESENT POSTOFFICE OF FATHER Laurens S.C. P. 1
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (Year)
(12) BIRTHPLACE Sumblin Shoals, S.C.
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth seven

MOTHER.
(14) NAME BEFORE MARRIAGE
(15) PRESENT POSTOFFICE OF MOTHER Laurens S.C. P. 1
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40 (Year)
(18) BIRTHPLACE Hair View S.C.
(19) OCCUPATION housekeeper
(21) Number of children of this mother now living, including present birth seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was, alive at 6 A. M., or the date above stated. (How A. M. or P. M.)

(23) (Signature) J. H. Benson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Benson St.
Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
Sept 20, 1922 (27) Filed Sept 20, 1922 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this 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.

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