

LEAVING OR CHILDREN, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville

Township of W.

or

Inc. Town of.....

or

City of.....

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

(2) Full Name of Child

Eva Lindak

File No.—For State Registrar Only

4249

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2116 Registered No. 14

(For use of Local Registrar)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH.....Feb......18.....1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David Lindak

(9) PRESENT POSTOFFICE OF FATHER

Warrick Mills S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY.....29.....
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Labourer

MOTHER.

(14) NAME BEFORE MARRIAGE

Georgia Pily

(15) PRESENT POSTOFFICE OF MOTHER

Warrick Mills S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY.....28.....
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Warrick Mills S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 21.....1922.....

(28)

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.