

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

52170

(1) PLACE OF BIRTH

County of *Florence*

Township of *Bluff*

or  
Inc. Town of  
or  
City of

Registration District No. *2007* Registered No. *130*

(For use of Local Registrar)

(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 *Frances Elizabeth Linnell* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl*

(4) Twin or triplet? *No*  
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 *Nov. 16 1906*  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *George Linnell*

(14) NAME BEFORE MARRIAGE *Annie Deel Miller*

(9) PRESENT POSTOFFICE OF FATHER *Florence S. S. R.*

(15) PRESENT POSTOFFICE OF MOTHER *Florence S. S. R.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (Years)

(12) BIRTHPLACE *Bluff S. C.*

(18) BIRTHPLACE *Bluff S. C.*

(13) OCCUPATION *Farm Hand*

(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth *5*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Elizabeth Miller*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Midwife Florence S. S. R.*

Given name added from a supplemental report  
..... 191 .....

(26) Witness *Mrs. Jno. P. Gregg*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Nov. 20 1906* (28) *Mrs. Jno. P. Gregg*  
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.

*Deputy*

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