

## (1) PLACE OF BIRTH

County of HorryTownship of BluffInc. Town of BluffCity of Bluff

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52170

Registration District No. 2007 Registered No. 130

(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 Frances Elizabeth Linnell If child is not yet named, make supplemental report as directed(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 Nov. 16 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Linnell(9) PRESENT POSTOFFICE OF FATHER Florence S. Linnell(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Mars Bluff S. C.(13) OCCUPATION Farm Hand(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Dell Miller(15) PRESENT POSTOFFICE OF MOTHER Florence S. Linnell(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Mars Bluff S. C.(19) OCCUPATION Housewife(20) 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 Bluff

Given name added from a supplemental report

(26) Witness Mrs. Jno. P. Gregg  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 20 1916 (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

WRITING PLACES, WITHIN THE BOLD LINES, ARE FOR THE SIGNATURE OF THE REGISTRAR, THE FATHER, THE MOTHER, THE PHYSICIAN OR MIDWIFE, AND THE WITNESS. 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.