

(1) PLACE OF BIRTH

County of CharlottesvilleTownship of Old Storeor
Loc. Town ofor
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 Annice Linsy { If child is not yet named, make supplemental report as directed(3) SEX Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 22, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Luff Linsy</u>	(14) NAME BEFORE MARRIAGE <u>Allie Helms</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Papland S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Papland S.C.</u>
(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(10) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(20) OCCUPATION <u>Housewife</u>	(22) Number of children born to mother, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:50 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John B. Colson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Papland 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 11/27 1922 (28) John B. Colson 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.

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