

## (1) PLACE OF BIRTH

County of *Laurens*Township of *Hartsville*or  
Inc. Town of  
orCity of ..... (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. *Robert Emmett Linnage* } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *boy* (4) Twin or Triplet? (5) Number in order of birth  
To be answered only in case of Twins or Triplets(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *June, 10, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Lucie Alexander Linnage*(9) PRESENT POSTOFFICE OF FATHER *Hartsville S.C. R.F.D. #2*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *33*  
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Electrician*(14) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Iman White*(15) PRESENT POSTOFFICE OF MOTHER *Hartsville S.C.*(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *18*  
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *House work*(20) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive*, at *2 A.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *William T. Taylor*

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed *July 18, 1922* (28) *W. J. Kagen* 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 fourth month of pregnancy.

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