

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town of Yorkor
City of York(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No. 2005 Registered No. 107
St.; Ward

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

42821

(2) Full Name of Child Denise X. Linn If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 9, 1905</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Joseph Linn</u>		(9) NAME BEFORE MARRIAGE <u>Mr. L. L. Linn</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Florence, W. Va.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Florence</u>		
(12) COLOR OR RACE <u>Colored</u>	(13) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(14) COLOR OR RACE <u>Colored</u>	(15) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(16) BIRTHPLACE <u>Lea, Florence</u>		(17) BIRTHPLACE <u>Florence</u>		
(18) OCCUPATION <u>L. L. Linn</u>		(19) OCCUPATION <u>Florence</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 o'clock P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) Signature of Physician or Midwife Midwife
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplemental report
....., 191.....
.....
Registrar(26) Witness (Signature of Witness necessary only when question is signed by mark)
Dec 24, 1905
(27) Filled (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.

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.
McNaw of Columbia