

(1) PLACE OF BIRTH

County of LexingtonTownship of Wilbur Hallor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43525

Registration District No. 3107Registered No. 110
(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

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL

Boy(4) Twin or Triplet? —

To be answered only in case of Twins or Triplets

(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Nov 22, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Olin Lindke

(14) NAME BEFORE MARRIAGE

Julie McContha

(9) PRESENT POSTOFFICE OF FATHER

Wilbur Hall

(15) PRESENT POSTOFFICE OF MOTHER

Wilbur Hall

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

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

Two

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) 12 at P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) C. P. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Wilbur Hall

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

19

(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.

(27) Filed

19

(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.

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, No. 1. THE OTHER, No. 2, etc., in question 6.
RECORD OF BIRTHS, COLUMBIA, S. C.