

MARGIN RESERVED FOR BINDING.

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 5.

Form No. 6

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Fairfield  
Township of 15  
or  
Inc. Town of Marbleboro  
or  
City of 15

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

34313

Registration District No. 151 Registered No. 48  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL 15 (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH APR 2, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard L. Linn  
(9) PRESENT POSTOFFICE OF FATHER Marbleboro  
(10) COLOR OR RACE 15 (11) AGE AT LAST BIRTHDAY 27  
(Year) (12) BIRTHPLACE 15  
(13) OCCUPATION 15  
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Laura K. Linn  
(15) PRESENT POSTOFFICE OF MOTHER Marbleboro  
(16) COLOR OR RACE 15 (17) AGE AT LAST BIRTHDAY 24  
(Year) (18) BIRTHPLACE 15  
(19) OCCUPATION 15  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was 15 St. 15 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) 15

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 15

Given name added from a supplemental report

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

(27) Filed 15 1922 (28) 15 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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