

## (1) PLACE OF BIRTH

County of Horry  
 Township of Pahokee  
 or  
 Inc. Town of Jefferson  
 or  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**64752**

Registration District No. 2403 Registered No. 30  
 (For use of Local Registrar)  
 St.; \_\_\_\_\_ Ward)

(2) Full Name of Child Jessie Bessie Peterson  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) No Married? No (7) DATE OF BIRTH June 13, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Donald Linnerson  
 (9) PRESENT POSTOFFICE OF FATHER St. George S.C.  
 (10) COLOR OR RACE Wes (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Deen Peterson  
 (15) PRESENT POSTOFFICE OF MOTHER Jefferson S.C.  
 (16) COLOR OR RACE Wes (17) AGE AT LAST BIRTHDAY 15 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Elice J. Linnerson  
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Jefferson S.C.

Given name added from a supplemental report

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

(27) Filed June 16, 1916 (28) John E. F. 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.

FORM NO. 5 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 McCaw of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.