

(1) PLACE OF BIRTH

County of Charleston
 Township of Charleston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

67725

Inc. Town of Registration District No. 1142 Registered No. 27
 (For use of Local Registrar)
 City 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 Mary Lindeberger If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 18, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME W. Lindeberger
 (9) PRESENT POSTOFFICE OF FATHER Fort Lawn, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
 (12) BIRTHPLACE Charleston, S.C.
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Ellen Graham
 (15) PRESENT POSTOFFICE OF MOTHER Fort Lawn, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44 (Years)
 (18) BIRTHPLACE Charleston, S.C.
 (19) OCCUPATION Domestic

(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 at 12 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Leggins Parker (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed 7/25 1916 (28) R. H. ... Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report of a child or at least once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGES RESERVED FOR SEPARATE RECORD. WITH SEPARATE ENTRY—THIS IS A PERMANENT RECORD. 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.