

MARGIN RESERVED FOR BINDING.  
 WHITE 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 4

RECEIVED OF COLUMBIA, GEORGIA, N. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		20239	
Township of <u>1st</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Clifton SC</u>		Registration District No. <u>4008</u>		Registered No. <u>166</u>	
or				(For use of Local Registrar)	
City of <u>Clifton SC</u>		(No. <u>1</u> St. <u>1</u> Ward <u>1</u> )			
If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Therman Henry Smith Linder</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>NO</u>	(7) DATE OF BIRTH <u>Apr 26 22</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Jim Deane</u>			(14) NAME BEFORE MARRIAGE <u>Ella Smith Linder</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Clifton SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Clifton SC</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u>			(17) AGE AT LAST BIRTHDAY <u>33</u>		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>N.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>HN</u>		
(20) Number of children born to mother, including present birth <u>Six</u>			(21) Number of children of this mother now living, including present birth <u>Six</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> <u>11:40 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Chas. E. Linder</u>					
(24) State whether Physician or Midwife <u>11</u>					
(25) Address of Physician or Midwife <u>Convent SC</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>7-1-22</u> (28) <u>E. J. Parker</u> 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.					