

(1) PLACE OF BIRTH

County of

Township of

In Town of

City of

(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

(a) SEX OF CHILD	(b) Type of Infant	(c) Number in order of birth	(d) Sex of Mother	(e) DATE OF BIRTH
Male	To be entered only in case of Twins or Triplets	1	no	July 15, 1923

FATHER.		MOTHER.	
(1) FULL NAME	Gethis Linder	(1) NAME BEFORE MARRIAGE	Louise Blakely
(2) PRESENT RESIDENCE OF FATHER	Spartanburg SC	(2) PRESENT RESIDENCE OF MOTHER	Spartanburg SC
(3) COLOR & AGE	(11) AGE AT LAST BIRTHDAY	(3) COLOR & AGE	(11) AGE AT LAST BIRTHDAY
White	18 (Years)	White	18 (Years)
(4) BIRTHPLACE	Spartanburg SC	(4) BIRTHPLACE	Spartanburg SC
(5) OCCUPATION	Common Labor	(5) OCCUPATION	House Worker
(6) Number of children born to mother, including present birth	1	(6) 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 alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Martin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(27) Signed

19 Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make the return. If a child breathes even once, it must not be reported as stillborn. No report required of stillbirths before the fifth month of pregnancy.