

2000

(1) PLACE OF BIRTH

County of Genesee
Township of Genesee
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19597

Registration District No. 304 Registered No. 92
(For use of Local Registrar)

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

(2) Full Name of Child George Emeric Lind

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

3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 6/4 1922
(Name of Month) (Day) (Year)

FATHER.

87 FULL NAME Henry Long

9) PRESENT POSTOFFICE OF FATHER *Decatur*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *77* ..

12. BIRTHPLACE _____ (Year) _____

13) OCCUPATION

20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Jenny Gibbs

(15) PRESENT POSTOFFICE OF MOTHER *New Se*

(18) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *33*
(Years)

(18) BIRTHPLACE Italy

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. P. M.)

(23) (Signature) WC Ward

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplement-
tal report

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

(27) Filed 1/16/21 19 20 (28) 1/16/21 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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