

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Branchville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 22074

Registration District No. 360 Registered No. 37
 (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 James L. Linder (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH July 10, 1923

FATHER. (8) FULL NAME Ward not give (9) PRESENT RESIDENCE OF FATHER name (10) COLOR OR RACE None (11) AGE AT LAST BIRTHDAY 21 (12) BIRTHPLACE father (13) OCCUPATION father (14) NAME BEFORE MARRIAGE Jessie Linder (15) PRESENT RESIDENCE OF MOTHER Branchville SC (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (18) BIRTHPLACE SC (19) OCCUPATION None (20) Number of children born to mother, including present birth 1 (21) 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 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Belice Withers (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Branchville SC

(Given name added from a supplemental report) (26) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) Filed Aug 4 1923 (28) Preston Oth 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.