

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Stateburgor  
Inc. Town of .....

(City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32519

Registration District No. 4109Registered No. 55  
(For use of Local Registrar)

(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 Harry Robert Linkins child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 25 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Harry Linkins(9) PRESENT POSTOFFICE OF FATHER Horatio S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Linkins(15) PRESENT POSTOFFICE OF MOTHER Horatio S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION farm laborer(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 alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edith Howard  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Palmetto, S.C.

Given name added from a supplemental report

(26) Witness Miss Marian Sanders  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Sept 29 1922 (28) Benj. Sanders 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH LEADING 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 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.