

FORM NO. 7. MARGIN RESERVED FOR BINDING G. WRITH 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 5.

(1) PLACE OF BIRTH

County of Greenville

Township of Cherokee

or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22337

Registration District No. 2203

Registered No.
(For use of Local Registrar)

2) Full Name of Child

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? No

(5) Number in order of birth
To be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME F. M. Linn

(9) PRESENT POSTOFFICE OF FATHER Monetta, S.C.

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Harmon

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE L. C. McCants

(15) PRESENT POSTOFFICE OF MOTHER Same

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

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) C. C. Strick

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 30, 1922 (28) W. C. F. Robinson
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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