

## (1) PLACE OF BIRTH

County of GeorgetownTownship of Wanover

Incl. 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

45040

Registration District No. 1410 Registered No. 10

(For use of Local Registrar)

City of ..... (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 Linnea Stokes .. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 27</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John Stokes(9) PRESENT POSTOFFICE OF FATHER Smock's c(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Smock's c(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Louy Winders(15) PRESENT POSTOFFICE OF MOTHER Smock's c(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Dorchester(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 Alive at 2 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lidia K...

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

Midwife Smock's c

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Jan 6 1916 (28) Louie C. Padgett

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.