

Form No. 1

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Wagner  
 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

31546

Registration District No. 3-506 Registered No. 8-7  
 (For use of Local Registrar)

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 Thirly Landerink If child not yet named, make

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 13, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ala Landerink(9) PRESENT POSTOFFICE OF FATHER Walhalla(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 40 (Years)(12) BIRTHPLACE Colleton(13) OCCUPATION Housewife(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Ela Frank(15) PRESENT POSTOFFICE OF MOTHER Walhalla(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Colleton(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 17

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Mrs. L. L. Landerink(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Walhalla

Given name added from a supplemental report

(26) Witness Ala Landerink  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 23, 1922 (28) R. L. Landerink 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  
 WHITE PLAIN, N. Y.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PRINTED-DOUB, No. 1. THE OTHER, No. 2, etc., in question 5.  
 N. Y.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PRINTED-DOUB, No. 1. THE OTHER, No. 2, etc., in question 5.  
 Made in Columbia, Columbia, S. C.