

(1) PLACE OF BIRTH

County of Newberry
Township of #9

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39515

Inc. Town of Registration District No. 346 Registered No. 113
(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 If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 23 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Pearson Lindler</u>		(14) NAME BEFORE MARRIAGE <u>Katie Cannon</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Little Mountain</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Little Mountain</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:45 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Leapt
(24) State whether Physician or Midwife (25) Address of Physician or Midwife m. D. Little Mountain

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 9 1922 (28) W. T. Gibson
Registrar 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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