

(1) PLACE OF BIRTH

County of OrkenTownship of Essexor
Inc. Town ofCity of Warrenton

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

Registration District No. 204Registered No. 37
(For use of Local Registrar)(2) Full Name of Child Guverdee Linder

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

(1) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	<u>None</u>	<u>1</u>	<u>No</u>	<u>June 6 1923</u>
(8) FATHER			(9) MOTHER	
(10) FULL NAME <u>R. P. Linder</u>			(14) NAME BEFORE MARRIAGE <u>Lin Gee Wheeler</u>	
(11) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Warrenton SC</u>	
(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	(18) BIRTHPLACE	(19) COLOR OR RACE	(20) AGE AT LAST BIRTHDAY
	<u>14</u>	<u>Orken Co</u>	<u>colored</u>	<u>14</u>
(21) OCCUPATION			(22) OCCUPATION	
(23) Number of children born to mother, including present birth <u>1</u>			(24) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was Orken 3, 30 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(26) (Signature) Henretta Burt

(27) State whether Physician or Midwife (28) Address of Physician or Midwife

(29) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(30) Filed May 7th 1923(31) Mark Turnbull R. H. D. Local Registrar

Given name added from a supplemental report

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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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