

(1) PLACE OF BIRTH : **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 County of Horry Bureau of Vital Statistics  
 Township of Boysville State Board of Health  
 or  
 Inc. Town of ..... Registration District No. 4201 Registered No. 47  
 or  
 City of ..... (No. .... Sl.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only  
**44870**

(2) Full Name of Child Helen Catharine Linder 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 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 24 1915  
 (Name of Month) (Day) (Year)

FATHER. MOTHER.  
 (8) FULL NAME Eligitimate (14) NAME BEFORE MARRIAGE Lela Linder  
 (9) PRESENT POSTOFFICE OF FATHER Pauline (15) PRESENT POSTOFFICE OF MOTHER Pauline  
 (10) COLOR OR RACE Pal (16) COLOR OR RACE Pal (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Union Co S.C. (18) BIRTHPLACE Union Co S.C.  
 (13) OCCUPATION cook (19) OCCUPATION cook  
 (20) Number of children born to mother, including present birth 3 (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 and well at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carrie Harris (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pauline R 2

Given name added from a supplemental report  
 ....., 191....

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

(27) Filed Dec 5 '16 (28) J. Baye Lander 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.  
 WRITE 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.