

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
71091County of AikenTownship of Millbrook

or

Inc. Town of

or

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. 207Registered No. 54
(For use of Local Registrar)(2) Full Name of Child. Christina A. Linker If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? Single (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 5 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George A. Linker(9) PRESENT POSTOFFICE OF FATHER Aiken SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Aiken SC(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Anderson(15) PRESENT POSTOFFICE OF MOTHER Aiken SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Aiken CO(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susan Kneese

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

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 10 1915. (28) F. H. Coole 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.