

(1) PLACE OF BIRTH  
County of Lexington  
Township of Saluda

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**39294**

or  
Inc. Town of ..... Registration District No. 3.111 ..... Registered No. 41  
(For use of Local Registrar)  
or  
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 Nettie Jane Rosaline Linnick If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Y (7) DATE OF BIRTH Nov. 17, 1927  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Seben Franklin Linnick

(9) PRESENT POSTOFFICE OF FATHER Little Mountain

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Minnie Linnick

(15) PRESENT POSTOFFICE OF MOTHER Little Mountain

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) 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 Rosaline at 11:00 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(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 See 1-12 (28) J. W. [Signature]  
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.