

## (1) PLACE OF BIRTH

County of Charleston S.C.  
 Township of .....  
 or .....  
 Inc. Town of .....  
 or .....  
 City of Charleston S.C.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3391

Registration District No. 9ARegistered No. 236  
(For use of Local Registrar)(No. 31 Charleston 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 David Wilmoth Linn If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? One (5) Number in order of birth One (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 16th 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME David Wilmoth Linn  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 42 (Year)  
 (12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION store keeper(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Isabel Heyward  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Year)  
 (18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour) (A. M. or P. M.)

(23) (Signature) Martha Howard (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife 52 Ashe St

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed Martha Howard)

(27) Filled 2/18 1922 (28) 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.

Registrar.

Car. 2-9-22