

1. PLACE OF BIRTH
County of Charleston
Township of 1

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

File No.—For State Registrar Only
17849

2. Full Name of Child Carlisle Elkins Linder Registration District No. 9 Registered No. 819
(For use of Local Registrar)
City of Charleston (No. 289 County) St. Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3. Full Name of Child Carlisle Elkins Linder If child is not yet named, make supplemental report as directed

4. Sex Male (4) Twin X or Triplet? (5) Number 1 order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25 1922
(Take account only in case of twins & triplets) (Name of Month) (Day) (Year)

FATHER
NAME Carlisle Elkins Linder
RESIDENCE Charleston SC
W (11) AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Wallisboro SC
OCCUPATION Houseman Agt
Born to 1 living present birth

MOTHER
(14) NAME BEFORE MARRIAGE Nellie Lee
(15) PRESENT POSTOFFICE OF MOTHER Charleston SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Montgomery Ala
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

2. I hereby certify that I attended the birth of this child, who was 11.45 A at Charleston SC on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. L. Linder
(24) State whether Physician or Midwife 1 (25) Address of Physician or Midwife Charleston SC

When name added from a supplemental report
191
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/5 1922 (28) R. H. Linder 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.

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