

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor
Inc. Town of,or
City of,

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4008

File No.—For State Registrar Only

28005Registered No. 230
(For use of Local Registrar)

(2) Full Name of Child

John Eugene Linder (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Eugene Linder(9) PRESENT POSTOFFICE OF FATHER Overton(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Vining Laws(15) PRESENT POSTOFFICE OF MOTHER Cowhee(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Richmond S.C.

(25) Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug. 12, 1922Mrs. G. F. Parker
Local Registrar

19... 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 necessary before the fifth month of pregnancy.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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