

Form No. 1

(1) PLACE OF BIRTH

County of Aiken
 Township of Rocky Iron
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

36960

Registration District No. 209 Registered No. 57
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Vandy Linnington (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Y (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wade Linnington(9) PRESENT POSTOFFICE OF FATHER Wagner, S.C. R. F. D.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 26
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Dickson(15) PRESENT POSTOFFICE OF MOTHER Wagner, S.C. R. F. D.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(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 6 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annie Jones(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wagner, S.C.

Given name added from a supplemental report:

(26) Witness Chas. H. Sallee
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/19/22 (28) Chas. H. Sallee
 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.