

MOEAW OF COLUMBIA: COLUMBIA R. C.

File No.—For State Registering Clerk

County of Edgemoor
Township of Bohannon

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

34241

Inc. Town of.....
or
City of

Registration District No. 1801 Registered No. 21
(For use of Local Registrar)
(No. St.; Ward)

(2) Full Name of Child Taura Bell Linner

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Oct 11, 22</i>
To be answered only in event of Twin or Triplet: (Name of Month) (Day) (Year)				

FATHER.	
(8) FULL NAME	George Timmerman
(9) PRESENT POSTOFFICE OF FATHER	Pleasant Lane St
(10) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	37
(12) BIRTHPLACE	A.C.
(13) OCCUPATION	Farmer
(20) Number of children born to mother. (Include present birth)	9

MOTHER.

(14) NAME BEFORE MARRIAGE *Mamma Bell Gosley*

(15) PRESENT POSTOFFICE OF MOTHER *Pleasant Lane Bk*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *36* (1 year)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth. *1* ✓ *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 M.
on the date above stated. 26 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dorlie Butler
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife
Midwife | Pleasant Grove

Given name added from a supplemental report

***** 19 *****
 Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)
(27) Filed Oct 20 19 22 (28) W. H. Linnell
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.