

## (1) PLACE OF BIRTH

County of MarionTownship of Sevieror  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District 3301No. 41781 - For State Registrar

41781

Registered No. 180  
(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 Lily Frances Linder

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

(1) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>no</u>	(5) Number in order of birth <u>3</u>	(6) Age of child at birth <u>yo</u>	(7) DATE OF BIRTH <u>June 10 1923</u>
To be answered only in event of Twin or Triplet				

## FATHER

(8) FULL NAME John Lindsay Linder(9) PRESENT POSTOFFICE OF FATHER Summerville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE Sevier(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Clara Lyall May(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Year)(18) BIRTHPLACE Summerville S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.) 12:30 A.M.(23) (Signature) L. J. May(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

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

(27) Jun 20 1923 (28) W. J. Pate 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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