

(1) PLACE OF BIRTH

County of Saluda

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3905 Registered No. 31
(For use of Local Registrar)

(2) Full Name of Child

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

(a) Sex of Child <u>Male</u>	(b) Type of Birth <u>Normal</u>	(c) Number in order of birth <u>1</u>	(d) Age of Mother <u>27</u>	(e) Date of Birth <u>Sept 9, 1923</u>
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FATHER

(1) FULL NAME Dean Watkins(2) PRESENT RESIDENCE OF FATHER Kirksey(3) COLOR OR RACE White (4) AGE AT LAST BIRTH 27(5) BIRTHPLACE Saluda Co(6) OCCUPATION Farmer(7) Number of children born to mother, including present birth 1

MOTHER

(1) FULL NAME Cora V. Linnemann(2) PRESENT RESIDENCE OF MOTHER Kirksey(3) COLOR OR RACE White (4) AGE AT LAST BIRTH 28(5) BIRTHPLACE Saluda Co(6) OCCUPATION House wife(7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(8) I hereby certify that I attended the birth of this child, who was... Alive... at 11:30 P. M.
on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)(9) (Signature) J. W. Tamm, M.D.(10) State whether Physician or Midwife PhysicianGiven name added from a supplement-
al report(11) Witness (Signature of Witness necessary only
when question 11 is signed by mark)(12) Filed Nov 9, 1923 (13) P. B. Kinnick
Local RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child becomes even dead, it must not be reported as stillborn. No report is desired of stillbirths
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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