

Form No. 1

## (1) PLACE OF BIRTH

County of SaludaTownship of No. 6Inc. Town of City of 

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

## (2) Full Name of Child

Edinburgh Linnell

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 Mar. 4 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

John L. Linnell

(9) PRESENT POSTOFFICE OF FATHER

Saluda S.C.

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

59  
(Year)

(12) BIRTHPLACE

Edgefield County

(13) OCCUPATION

Farmer

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

3

## MOTHER

(14) NAME BEFORE MARRIAGE

Shadia Graham

(15) PRESENT POSTOFFICE OF MOTHER

Saluda S.C.

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

34  
(Year)

(18) BIRTHPLACE

Saluda County

(19) OCCUPATION

House Wife

(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 St. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edna Abney

(24) State whether Physician or Midwife

mid wife

(25) Address of Physician or Midwife

Saluda S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 10 1922

(28)

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.

In case of TWIN OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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