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MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate)

1. PLACE OF BIRTH
County of Anderson
Township of Centerville
or
Inc. Town of _____
or
City of Anderson
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 303
(No. 649 North Ave. St.; _____ Ward)
(For use of Local Registrar)

FILE No.—For State Registrar Only
0101

2. FULL NAME OF CHILD John William Linley, Jr. {If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>boy</u>	If Plural birth	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature <u>no</u> Full term <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>June 23, 1916</u> (Month, day, year)	
9. Full name FATHER <u>John William Linley</u>				18. Full maiden name MOTHER <u>Annie Hunter Farmer</u>			
10. Residence (usual place of abode) <u>Anderson, S. C.</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>Anderson, S. C.</u> (If non-resident, give place and State)			
11. Color or race <u>W.</u>		12. Age at last birthday <u>35</u> (years)		20. Color or race <u>W.</u>		21. Age at last birthday <u>32</u> (years)	
13. Birthplace (city or place) <u>Charleston, S. C.</u> (State or country)				22. Birthplace (city or place) <u>Anderson, S. C.</u> (State or country)			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
	16. Date (month and year) last engaged in this work _____				25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____			
27. Number of children of this mother (At time of birth and including this child) <u>5</u> (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>							
28. If stillborn, <u>0</u> months period of gestation _____ weeks			29. Cause of stillbirth _____				Before labor _____ During labor _____
Specify any physical deformities of child at birth. <u>none</u>							

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:00PM M. on the date above stated.
(Born alive or stillborn)
(Signed) J. Louis Gray, M.D.
or _____, Midwife
Given name added from _____
a supplemental report _____
(Date of) _____
Address Anderson, S. C.
Filed 2-21- 1916 M. B. Woodward M.D.
Registrar.