

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 Registered No. \_\_\_\_\_  
(For use of Local Registrar)  
(No. 649 North Ave. St.; \_\_\_\_\_ Ward)

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 boy If Plural birth { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature no 7. Are Parents yes 8. Date of birth June 23, 1916  
Full term yes Married? yes (Month, day, year)

9. Full name John William Linley FATHER 18. Full maiden name Annie Hunter Farmer MOTHER

10. Residence (usual place of abode) Anderson, S. C. 19. Residence (usual place of abode) Anderson, S. C.  
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 35 (years) 20. Color or race W. 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Charleston, S. C. 22. Birthplace (city or place) Anderson, S. C.  
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

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. own home

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged 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) 5 (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, 0 months { 29. Cause of stillbirth \_\_\_\_\_  
period of gestation \_\_\_\_\_ weeks { Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

Specify any physical deformities of child at birth. none

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)

{ When there was no attending physician }  
{ or midwife, then the father, householder, }  
{ etc., should make this return. }

(Signed) James Gray, M.D.

or \_\_\_\_\_, Midwife

Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_

Address Anderson, S. C.

Filed 2. 21-, 1916 M. B. Woodward M.D.

Registrar.

Registrar.