

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Bethel

or

Inc. Town of

or

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

File No.—For State Registrar Only

50787

Registration District No. 444 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Hollard Woodrow Lindsey { If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 31, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Watson(9) PRESENT POSTOFFICE OF FATHER York #8(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE York Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lina Lindsey(15) PRESENT POSTOFFICE OF MOTHER York #8(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE York Co SC(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carthy Thomas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwifeYork #8

Given name added from a supplemental report

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

(27) Filed Mar 6 1916 (28) N.A. Quinn 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Sav. of Columbia