

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of Startenburg

(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

15737

Registration District No. 40-2 Registered No. 159

(For use of Local Registrar)

(2) Full Name of Child Pauline Lavinia Lindsey

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

(3) SEX—
BOY OR
GIRL(4) Twin
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married(7) DATE OF
BIRTH Jan 11 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Charles Matthew Lindsey(9) PRESENT
POSTOFFICE
OF FATHER Startenburg S.C.(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 31
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Bottom Broker(14) Number of children born to
mother, including present birth 2

MOTHER.

(14) NAME BEFORE
MARRIAGE Lavinia Lavinia Cart(15) PRESENT
POSTOFFICE
OF MOTHER Startenburg S.C.(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 32
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House(20) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was at S. C.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. R. Boyd(23) State whether Physician or Midwife (24) Address of Physician or Midwife Startenburg S.C.Given name added from a supplement-
tal report(25) Witness
(Signature of Witness necessary only
when question 23 is signed by mark.)(26) Filed 6-1-23 (27) Jas. Copes
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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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