Form No. 1

(1) PLACE OF BIRTH

County of Newberry...

Township of Ft G.....

or

Inc. Town of.....

or

City of ..... (No. .....St.; .....Ward)

(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
29474

Registration District No. 3410... Registered No. 64
(For use of Local Registrar)

(2) Full Name of Child.....

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH (Name of month) Sept (Day) 7 (Year) 1925

FATHER.

(8) FULL NAME Willie C. Lindsey

(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Newberry Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie [redacted]

(15) PRESENT POSTOFFICE OF MOTHER Prosperity SC

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Newberry Co

(19) OCCUPATION Housewife

(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 10 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Emma Lindsey

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Prosperity SC

(Given name added from a supplemental report)

..... 19 .....
Registrar

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

(27) Filed Oct 1 1925. (28) W. T. Gilmore
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.

WRITE PLAINLY, with pen and ink—DO NOT USE LEAD PENCIL. Make no erasures. Do not abbreviate. Use figures for dates. Make no mistakes; if one is made, do not erase or use correcting fluid, but draw a line through the incorrect word and write the correct word above it. Sign full name—no initials. Be sure to answer all questions. If unknown, supply information if reasonably possible. Cross out words not necessary to be used. Use BLACK INK and WRITE OVER DOTTED LINES. See reverse side for additional instructions.

S. B. H.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN No. 1, THE OTHERS, No. 2, etc., in question 5.

Issued by Columbia, S. C.