

(1) PLACE OF BIRTH

County of MarlboroTownship of Greenville

Incl. Town of

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

31306

Registration District No. 3303Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child Herbert Lindsay

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 11 1922
(Name of (Month) (Day) (Year))

FATHER.

(8) FULL NAME Park Lindsay(9) PRESENT POSTOFFICE OF FATHER Blair Herin B.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Marlboro Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Patty Hodge(15) PRESENT POSTOFFICE OF MOTHER Blair Herin B.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Marlboro Co.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. H. Hodge(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blair Herin B.C.

Given name added from a supplemental report

(26) Witness 101
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 11, 1922 (28) W. H. Hodge
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.

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