

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of St. James  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**41783**

Registration District No. 130.9 Registered No. 82  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Cora Lindsey {If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH Dec 18 22  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Hayard Lindsey  
 9) PRESENT POSTOFFICE OF FATHER Davis St. S.C.  
 10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 39  
 (Years)  
 12) BIRTHPLACE Clarendon Co  
 13) OCCUPATION Farmer  
 20) Number of children born to mother, including present birth 5

## MOTHER.

14) NAME BEFORE MARRIAGE Cora Lindsey  
 15) PRESENT POSTOFFICE OF MOTHER Davis St. S.C.  
 16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 18) BIRTHPLACE Clarendon Co  
 19) OCCUPATION Home of Fred  
 21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Lucy Lindsey  
 (24) State of South Carolina Physician or Midwife (25) Address of Physician or Midwife Davis St. S.C.

Given name added from a supplemental report

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

(27) Filed Dec 24 1922 (28) H. C. Richburg 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.

NOTES: CLARENCE, SOUTH CAROLINA, 1922. THIS FORM IS TO BE FILLED BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., IN CASE OF STILLBIRTHS. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C. PRINTED BY THE STATE OF SOUTH CAROLINA, COLUMBIA, S. C.