

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 MARY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
 Township of Hopewell
 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
40850

Registration District No. 308 Registered No. 24
 (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 Mattie Lou Lindsay {If child is not yet named, make supplemental report as directed}

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>/</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 4 1911</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Bob Lindsay

(9) PRESENT POSTOFFICE OF FATHER Anderson SC

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY..... 26
(Years)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Steward

(15) PRESENT POSTOFFICE OF MOTHER Anderson SC

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY..... 18
(Years)

(18) BIRTHPLACE Anderson

(19) OCCUPATION Domestic

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

(23) (Signature) Mary Rice
 (24) State whether midwife Physician or Midwife (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

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

(27) Filed Dec 20 1911 (28) J. M. Vandiver 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.