

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75037

(1) PLACE OF BIRTH
 County of Union
 Township of Johnston
 or
 Inc. Town of Registration District No. 7.2.0. Registered No. 46
 or
 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. Hattie Christine Lindsay If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Aug. 16, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry McBeth

(9) PRESENT POSTOFFICE OF FATHER Kelton S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE Union Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1—None

MOTHER.

(14) NAME BEFORE MARRIAGE Elliot Lindsay

(15) PRESENT POSTOFFICE OF MOTHER Kelton S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Union Co

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 1—None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. of P. M.)

(23) (Signature) Carlina H. Hugh

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kelton S.C.

Given name added from a supplemental report
 191.....
 Registrar

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

(27) Filed Aug. 26 1916 (28) D. G. Gallman 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.