

(1) PLACE OF BIRTH

County of AndersonTownship of Hwy. 9 Northor
Inc. Town of Edwardsor
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

40838

Registered No. 152
(For use of Local Registrar)(2) Full Name of Child Callie Ogalla Lindsay

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. 19 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Lindsay(9) PRESENT POSTOFFICE OF FATHER Hwy. 9 North(10) COLOR OR RACE Color(11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Lancaster Co Pa - York(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth McElroy(15) PRESENT POSTOFFICE OF MOTHER Hwy. 9 North(16) COLOR OR RACE Color(17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Lancaster Co Pa - York(19) OCCUPATION farmer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Editha Edwards Horn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hwy. 9 North

Given name added from a supplemental report

(26) Witness

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

(37) Filed Dec. 30 1922(28) Jennie Kellum

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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