

(1) PLACE OF BIRTH

County of LaurensTownship of Cane Creek

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

19154

Registration District No. 2801 Registered No. 26...
(For use of Local Registrar)(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 Ausie 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>yes</u>	(7) DATE OF BIRTH <u>June 30, 1922</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Sam Lindsay(9) PRESENT POSTOFFICE OF FATHER Riverside S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30...
(Year)(12) BIRTHPLACE Laurens Co. S.C.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Polly Roseboro(15) PRESENT POSTOFFICE OF MOTHER Riverside S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22...
(Year)(18) BIRTHPLACE Laurens Co. S.C.(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 Born alive... at 9 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mary Barnes(24) State whether Physician or Midwife Midwife Address Riverside S.C.

Given name added from a supplemental report

(25) Witness Mary H. Haffin...
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 7, 1922 (28) W. H. Haffin...
Registrar 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.