

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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

41771

Registration District No. 1304

Registered No. 57  
(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

Bernie May Lindal

(If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL

4. Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

Dec 26, 1922  
(Name of Month) (Day) (Year)

## FATHER.

5. FULL NAME

Russell Lindal

6. PRESENT POSTOFFICE OF FATHER

Silver S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

30  
(Years)

(12) BIRTHPLACE

Clarendon Co

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Susan Brailsford

(15) PRESENT POSTOFFICE OF MOTHER

Silver S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

Clarendon Co

(19) OCCUPATION

Home &amp; Field

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

one

(21) Number of children of this mother now living, including present birth

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary Bathune

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Silver S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 4, 1923

(28) 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.