

## (1) PLACE OF BIRTH

County of Sumter S.C.

Township of .....

or

Loc. Town of .....

or

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

28065

Registration District No. 41A Registered No. 115

(For use of Local Registrar)

(No. 529 Haven St. St.; ..... Ward)(2) Full Name of Child James Lindsey (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 28, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Jerry Lindsey(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION farm mill work(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma Grant(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION house dress(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>W. F. Folds</u>	(25) Address of Physician or Midwife <u>Sumter</u>
(24) State whether Physician or Midwife	

Given name added from a supplemental report

(26) Witness Martha Grant (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 10, 1922 (28) D. Browning 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.