

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.

(1) PLACE OF BIRTH

County of Cherokee

Township of Summerville

Inc. Town of .....

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

88993

Registration District No. 1106 Registered No. 154

(For use of Local Registrar)

St. .... Ward)

(No. ....)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. James Henry Lindsay If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 17 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Lindsay

(9) PRESENT POSTOFFICE OF FATHER Chester S.C. R.F.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Fairfield Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Chambers

(15) PRESENT POSTOFFICE OF MOTHER Chester S.C. R

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

(18) BIRTHPLACE Chester Co

(19) OCCUPATION Same

(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 at 12:30 a (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [Signature]

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

Given name added from a supplemental report

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

(27) Filed 2/10/16 1916 (28) J. N. Gaston 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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