

WRITE PLAINLY, WITH INK
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGraw, of Columbia.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. 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
85859

Registration District No. 2211

Registered No. 96
(For use of Local Registrar)

(2) Full Name of Child

Mildred Bertelle Lindsey

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

(3) BOY OR GIRL
Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH
Oct. 6th 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Grady Lindsey

(9) PRESENT POSTOFFICE OF FATHER

R #1 Taylors S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY
27
(Years)

(12) BIRTHPLACE

Tigerville S.C.

(13) OCCUPATION

Farmer

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

One

MOTHER

(14) NAME BEFORE MARRIAGE

Lonie Pearl Chastain

(15) PRESENT POSTOFFICE OF MOTHER

R #1 Taylors S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY
21
(Years)

(18) BIRTHPLACE

Mountain View S.C.

(19) OCCUPATION

Housekeeping

(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 Alive at 7-10 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

David R. Jackson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Practicing Physician R #3. Gray 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

11-26-16

(28)

J. A. Lindsey
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 fourth month of pregnancy.