

(1) PLACE OF BIRTH

County of Greenville

Township of Highland

or Inc. Town of

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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 6 1916 (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Grady Lindsey

(14) NAME BEFORE MARRIAGE Lonie Pearl Chastain

(9) PRESENT POSTOFFICE OF FATHER R # 1 Taylor S.C.

(15) PRESENT POSTOFFICE OF MOTHER R # 1 Taylor S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Tigerville S.C.

(18) BIRTHPLACE Mountain View S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housekeeping

(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 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. F. 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 11-20-16 (28) J. A. Lindsey Local Registrar

*When there was no attending physician or midwife when 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.

WRITE PLAINLY - WITH INK - 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. McCraw of Columbia.