

1) PLACE OF BIRTH

County of Florence

Township of .....

or  
In Town of .....

City of Florence S.C.

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  
**18546**

Registration District No. 20-A Registered No. 1877

(For use of Local Registrar)

(No. Savannah Memorial Hosp. Ward)

2) Full Name of Child Susan Lindsey

DATE OF BIRTH 6 3 22  
(Name of Month) (Day) (Year)

3) SEX Girl 4) Twin or Triplet? Child 5) Number in order of birth Child 6) Age Parents Married? yes

FATHER.

7) FULL NAME Joe Lindsey

8) PRESENT POSTOFFICE OF FATHER Cheraw S.C.

9) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 yrs (Year)

10) BIRTHPLACE Laurens S.C.

12) OCCUPATION News paper man

13) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Ruthine Smith

(15) PRESENT POSTOFFICE OF MOTHER Cheraw S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 yrs (Year)

(18) BIRTHPLACE Cheraw S.C.

(19) OCCUPATION House wife

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(28) (Signature) Dr. M. Barnwell

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

Give name added from a supplementary report

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

(27) Filed 6-19-22 (28) C. C. Craft Local Registrar

If 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.