(1) PLACE OF BIRTH

County of Aiken

Township of Dekalb

or Inc. Town of .....

or City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 31411

Registration District No. 213 Registered No. 48
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Annie Lith 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 event of Twins or Triplets

(6) Are Parents Married: Yes

(7) DATE OF BIRTH: April (Name of Month) 10 (Day) 13 (Year)

FATHER.

(8) FULL NAME: John Lindsey

(9) PRESENT POSTOFFICE OF FATHER: Augusta Ga Rt 4

(10) COLOR OR RACE: Colored

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: S. C.

(13) OCCUPATION: Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE: Lucia Lines

(15) PRESENT POSTOFFICE OF MOTHER: Augusta Ga

(16) COLOR OR RACE: Colored

(17) AGE AT LAST BIRTHDAY: 18 (Years)

(18) BIRTHPLACE: S. C.

(19) OCCUPATION: Housework

(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 alive at 1 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Murray

(24) State whether Physician or Midwife: Mid Wife

(25) Address of Physician or Midwife: Augusta Ga Rt 6

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Nov 15 19 13 (28) J. L. Medlock
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.

Issued by Charleston, Columbia, S. C.

K. Bath one 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.