

(1) PLACE OF BIRTH

County of York
Township of Bethesda
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
79755

Registration District No. 4401 Registered No. 209
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No. _____ St.; _____ Ward

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

(3) ~~SEX~~ GIRL? (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 27 1916
(Name or Month) (Day) (Year)

FATHER:
(8) FULL NAME Jess Lindsay
(9) PRESENT POSTOFFICE OF FATHER Rock Hill # 1
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE York Co., Bethesda Township
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth two

MOTHER:
(14) NAME BEFORE MARRIAGE Luzia Crawford
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill # 1
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Cook Co
(19) OCCUPATION Farming + house work
(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated. (If stillborn) (Hour A. M. or P. M.)

(23) (Signature) Melchior (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Rock Hill # 1

Given name added from a supplemental report _____
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
(27) Filed 9/9/16 1916 (28) _____ 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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