

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
74046

(1) PLACE OF BIRTH
County of Newberry
Township of # 9
or
Inc. Town of

Registration District No. 3460 Registered No. 76
(For use of Local Registrar)

City of (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..... { 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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 2, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Chris Lindsey
(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Newberry
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth { 3

MOTHER.
(14) NAME BEFORE MARRIAGE Lizzie Stephen
(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Newberry
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 a.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) George Anna Lindsey
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Prosperity S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

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

(27) Filed Aug. 14, 1916 (28) Mr. T. Gibson 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case 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.

McCaw, of Columbia