

Form No. 1

(1) PLACE OF BIRTH
 County of C York
 Township of Chingy
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
58135

Registration District No. 4405 Registered No. 46
 (For use of Local Registrar)

(2) Full Name of Child Amanda Mable 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 3 (6) Are Parents Married? Y (7) DATE OF BIRTH April 24, 1914
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wesley S. Lindsey</u>	(14) NAME BEFORE MARRIAGE <u>Amanda R. Lindsey</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Chertons S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chertons S. C.</u>
(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>C York Co</u>	(18) BIRTHPLACE <u>C York Co</u>	(19) OCCUPATION <u>School Teacher</u>	(19) OCCUPATION <u>Homemaker</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 2:50 o'clock P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. S. Lindsey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Homeband

Given name added from a supplemental report

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

(27) Filed 4-26-1914 (28) W. S. Lindsey Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., must 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 DUTYING
 WHERE 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.
 State of Columbia