

(1) PLACE OF BIRTH

County of Fairfield  
 Township of #3  
 or  
 City of Winchester  
 (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

No. 3205 - For State Registrar Only

Registration District No. #3 Registered No. 21  
 (For use of Local Registrar)

(2) Full Name of Child

Hugh Lindsey

If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Boy (4) Type of Twins yes (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 19 1923  
 (Name of Month) (Day) (Year)

**FATHER**

(8) FULL NAME Manley Croston  
 (9) PRESENT POSTOFFICE OF FATHER Blackstock 13-4  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
 (Year)  
 (12) BIRTHPLACE Winchester  
 (13) OCCUPATION farmer

**MOTHER**

(14) NAME BEFORE MARRIAGE Sarah Isaac  
 (15) PRESENT POSTOFFICE OF MOTHER Blackstock 13-4  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26  
 (Year)  
 (18) BIRTHPLACE Fairfield  
 (19) OCCUPATION housewife  
 (20) Number of children of the mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born alive at 10:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. Samuel Lindsey  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Winchester

(Given name added from a supplemental report)

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

(26) Filed Oct 22 1923 (27) Local Registrar Mrs. I. F. Keister

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.