

## (1) PLACE OF BIRTH

County of L. LaurenceTownship of "or Inc. Town of "City of "

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

## (2) Full Name of Child

Johnny Lindsay

File No.—For State Registrar Only

4111

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7.0-A Registered No. 72

(For use of Local Registrar)

(No. 8.09.67 St St.; ..... Ward)

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Feb. 25, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Perry Lindsay9) PRESENT POSTOFFICE OF FATHER Dead.10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 27 (Years)12) BIRTHPLACE Newberry S.C.13) OCCUPATION Laundress

## MOTHER.

14) NAME BEFORE MARRIAGE Minnie Lindsay15) PRESENT POSTOFFICE OF MOTHER L. Laurence, S.C.16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 27 (Years)18) BIRTHPLACE Newberry, S.C.19) OCCUPATION Laundress20) Number of children born to mother, including present birth 3 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 alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary W. Wilson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 4/12 Laurel

Given name added from a supplemental report

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

(27) Filed Feb. 27, 1922 (28) C. C. Craft 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.

MAKING RETURN TO THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C. WITH ORIGINAL RECORD, AND MARK THE  
 WITHIN PLACES, WITH ORIGINAL RECORD, AND MARK THE  
 IN CASE OF TWIN OR TRIPLET, USE A SUPPLEMENTAL REPORT FOR EACH CHILD, AND MARK IN QUESTION 3.