

(1) PLACE OF BIRTH

County of AndersonTownship of Belton

Etc. Town of

City of

(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

2782

Registration District No. 300 Registered No. 27
(For use of Local Registrar)(2) Full Name of Child R. S. Lindley If child is not yet named, make supplemental report as directed

(1) SEX OR GENDER	(2) Male or Female To be answered only in case of Twins or Triplets	(3) Number in order of birth	(4) Age Parent Married	(5) DATE OF BIRTH <u>2/25/43</u> (Month) (Day) (Year)
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FATHER.

(1) FULL NAME Reuben S. Lindley(2) PRESENT POSTOFFICE OF FATHER Belton S.C.(3) COLOR OR RACE white (4) AGE AT LAST BIRTHDAY 44 (Year)(5) BIRTHPLACE Laurens Co.(6) OCCUPATION farmer(7) Number of children born to father, including present birth 9

MOTHER.

(1) NAME BEFORE MARRIAGE Delia M. Epsy(2) PRESENT POSTOFFICE OF MOTHER Belton S.C.(3) COLOR OR RACE white (4) AGE AT LAST BIRTHDAY 38 (Year)(5) BIRTHPLACE Union Co.(6) OCCUPATION house wife(7) Number of children of this mother and living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(8) I hereby certify that I attended the birth of this child, who was born at 9:10 M., on the date above stated. (Burmhole or stillborn) (Hour A. M. or P. M.)NAME OF PHYSICIAN OR MIDWIFE W. R. Baynes (Signature of Physician or Midwife)GIVEN NAMES AND SURNAME OF CHILD James S. LindleyDATE OF BIRTH 2/25/43 (Month) (Day) (Year)PLACE OF BIRTH Belton S.C.

When there was no physician or midwife present, the birth must be reported by the mother or father, and the certificate must be signed by them.