

(1) PLACE OF BIRTH

County of Georgetown
 Township of #4
 or
 Inc. Town of Andrews SC
 or
 City of _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF BIRTH

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

No. 12.—For State Register Only

40407

Registration District No. 2100Registered No. 149
(For use of Local Registrar)(2) Full Name of Child Thomas Flinn

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

(3) SEX OF CHILD Male (4) Twin or Triplet _____ (5) Number in order of birth _____ (6) Are Parents Married? No (7) DATE OF BIRTH Dec 26, 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Flinn Sr
 (9) PRESENT POSTOFFICE OF FATHER Andrews SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Year)
 (12) BIRTHPLACE Warlington, Calif SC
 (13) OCCUPATION Plowman
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Dickson
 (15) PRESENT POSTOFFICE OF MOTHER Andrews SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 14 (Year)
 (18) BIRTHPLACE Georgetown, Calif SC
 (19) OCCUPATION Cook
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:29 A.M. on the date above stated. (Born alive or stillborn) (Day A. M. or P. M.)
 (23) (Signature) Sallie Milligan Midwife
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Andrews SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Jan 9, 24 (28) _____

19 _____ Registrar

When there was no attending physician or midwife, then the father, householder, etc., if a child breathes even once, it must not be reported as stillborn. No name before the fifth month of pregnancy.