

Form No. 1

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

91512

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

Registration District No.

Registered No.

(For use of Local Registrar)

St.: Ward)

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

(2) Full Name of Child

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

1

(5) Number in order of birth or Triplets

1

(6) Age Parents Married?

yes

(7) DATE OF BIRTH

Dec. 11, 1916

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

Elin Clinton Lynch

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Sumter SC

(13) OCCUPATION

Mill Hand

(14) Number of children born to mother, including present birth

3

(14) NAME BEFORE MARRIAGE

Laura Pope

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Lynchburg SC

(19) OCCUPATION

Domestic

(20) 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 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

M. H. Pearson

(24) State whether Physician or Midwife

Midwife

midwife

7 Yarrowville Rd

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/18/16

(28)

Local Registrar

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.