

Form No. 1

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Shirland  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

24106

Registration District No. 1408 Registered No. 23  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edna Lynah (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married Yes (7) DATE OF BIRTH Aug 23, 1923  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twin or Triplet

## FATHER

(8) FULL NAME Sam Lynah

(9) PRESENT POSTOFFICE OF FATHER Collegville

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45  
 (Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

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

## MOTHER

(14) NAME BEFORE MARRIAGE Mathie White

(15) PRESENT POSTOFFICE OF MOTHER Collegville

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38  
 (Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Maria Tracy

(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Collegville

(If name added from a supplemental report)

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

(26) Filed Aug 24, 1923 (27) Anna M. Callaway 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.