

## (1) PLACE OF BIRTH

County of

Township of

or Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

22839

Registration District No. 44007

Registered No. 30

(For use of Local Registrar)

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

(2) Full Name of Child. Eva Jane Flynn

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

a. SEX OR GUILD

Girl

b. Twin or Triplet

To be answered only in event of Twin or Triplet

c. Number in order of birth

5

d. Are Parents Married

yes

e. DATE OF BIRTH

July 30, 23

MOTHER.

f. FULL NAME

Elin C. Flynn

g. PRESENT POSTOFFICE OF FATHER

Greenville S.C. 29615

h. COLOR OR RACE

white

i. AGE AT LAST BIRTHDAY

32

j. BIRTHPLACE

N.C.

k. OCCUPATION

Farmer

l. NAME BEFORE MARRIAGE

Cora Crawford

m. PRESENT POSTOFFICE OF MOTHER

Greenville S.C. 29615

n. COLOR OR RACE

white

o. AGE AT LAST BIRTHDAY

33

p. BIRTHPLACE

N.C.

q. OCCUPATION

Domestic

r. Number of children born to mother, including present birth

1

s. Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive or stillborn

born alive

Hour M. or P.M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenville S.C. 29615

t. Given name added from a supplemental report

James - 4 Airey

Oct. 19, 1923

(26) Witness

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

(27) Filed

Oct 10

1923

(28)

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.

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