

(1) PLACE OF BIRTH

County of Spaulding
Township of Leadville
or
Inc. Town of

CERTIFICATE OF BIRTH

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

No. 22839 - For State Registrar Only

Registration District No. 4007 Registered No. 30
(For use of Local Registrar)

City of (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 Eva Gene Flynn If child is not yet named, make supplemental report as directed

| | | | | |
|--|---|---|--|--|
| 3. SEX OR GUILD <u>girl</u> | 4. Type or Triplet To be answered only in event of Twins or Triplets | 5. Number in order of birth <u>5</u> | 6. Live or Stillborn <u>yes</u> | 7. DATE OF BIRTH (Month of Month) (Day) (Year) <u>July 20 23</u> |
| PATHER | | MOTHER | | |
| 8. FULL NAME <u>Elin C. Flynn</u> | 14. NAME BEFORE MARRIAGE <u>Cora Crawford</u> | | | |
| 9. PRESENT POSTOFFICE OF FATHER <u>Greer S.C. 2835</u> | 15. PRESENT POSTOFFICE OF MOTHER <u>Greer S.C. 2835</u> | | | |
| 10. COLOR OR RACE <u>white</u> | 11. AGE AT LAST BIRTHDAY (Year) <u>32</u> | 16. COLOR OR RACE <u>white</u> | 17. AGE AT LAST BIRTHDAY (Year) <u>33</u> | |
| 12. BIRTHPLACE <u>N.C.</u> | | 18. BIRTHPLACE <u>N.C.</u> | | |
| 13. OCCUPATION <u>Farmer</u> | | 19. OCCUPATION <u>Domestic</u> | | |
| 20. Number of children born to mother, including present birth <u>1</u> | | 21. Number of children of this mother now living, including present birth <u>5</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 hr. hr. M. or P.M. on the date above stated.

(23) (Signature) R. F. Howard M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Greer S.C. 2835

(26) Give name added from a supplemental report
Genevieve Fairley
Oct 19 1923

(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 10 1923 (29) 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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