

FORM NO. 1. MARGIN RESERVED FOR BINDING. THIS IS A PREPARED RECORD. WHERE ELIGIBLE, WITH AN ADJOINING, THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
 County of Charleston
 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.)

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

File No.—For State Registrar Only
973

Registration District No. 120 Registered No. 7
 (For use of Local Registrar)
 St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Charles Flynn

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 22</u> (Give month (Day) (Year)
FATHER.			MOTHER	
(8) FULL NAME <u>Anderson Flynn</u>			(14) NAME BEFORE MARRIAGE <u>Wm. Dennis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston R.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston R.</u>	
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>C. C.</u>		
(12) BIRTHPLACE <u>Charleston Co.</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(13) OCCUPATION <u>Farming</u>		(18) BIRTHPLACE <u>Charleston Co.</u>		
(19) OCCUPATION <u>ac. home</u>		(20) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. Dennis
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Charleston S.C.

Given name added from a supplemental report
 191....
 Registrar

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

(27) Filed Feb. 1 191.... (28) W. D. Easley
 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.

If a child breathes even once before the fifth month of pregnancy, this return is required.