

FORM NO. 1 - MARGIN RESERVED FOR PRINTING  
 WHERE BLANKS WITH UNLINED LINES - THIS IS A PREPARED 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.  
 McGraw, of Columbia

(1) PLACE OF BIRTH

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

File No. — For State Registrar Only  
973

County of Charleston  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 1.2.9. Registered No. 7  
 (For use of Local Registrar)  
 or  
 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 Annise Flynn { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? -	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 2 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Anderson Flynn

(9) PRESENT POSTOFFICE OF FATHER Charleston R.

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Charleston Co.

(13) OCCUPATION Farming

(16) Number of children born to mother, including present birth 6

**MOTHER**

(14) NAME BEFORE MARRIAGE Mrs. Deiss

(15) PRESENT POSTOFFICE OF MOTHER Charleston R.

(16) COLOR OR RACE C.E. (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Charleston Co.

(19) OCCUPATION at home

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

(23) (Signature) H. H. M.  
 (24) State whether Physician or Midwife: Midwife (25) Address of Physician or 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 self)  
 (27) Filed Feb. 1 1922 (28) O. L. Farley Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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, births