

## (1) PLACE OF BIRTH

County of Pacheco

Township of .....

or  
Inc. Town of .....City of Easton, Ill.

(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

36057

Registration District No. 37-9Registered No. 153  
(For use of Local Registrar)(2) Full Name of Child Louella F. Lynn

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 19, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr. James H. Lynn(9) PRESENT POSTOFFICE OF FATHER Easton, Ill.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37  
(Years)(12) BIRTHPLACE Ill.(13) OCCUPATION merchant(20) Number of children born to mother, including present birth 6th

## MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Martin(15) PRESENT POSTOFFICE OF MOTHER Easton, Ill.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE P.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4th

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born nt ..... M.,  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Wm. B. Sherman (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed)(27) Filed Nov. 4, 1922 (28) E. H. Nyatt  
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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