

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.

(1) PLACE OF BIRTH
County of Sumter
Township of Hedgefield
or
Inc. Town of Hedgefield
or
City of Hedgefield (No. 4103 St.; 62 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mayne Louise Lyndon (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 Oct 2 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jesse Franklin Lyndon
(9) PRESENT POSTOFFICE OF FATHER Hedgefield SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(12) BIRTHPLACE North Carolina
(13) OCCUPATION Book Keeper
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Jessie Paul Seebolt
(15) PRESENT POSTOFFICE OF MOTHER Hedgefield
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE North Carolina
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) M. L. Parker M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hedgefield

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) M. L. Parker
(27) Filed Oct 5 1906 (28) M. L. Parker 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.

File No.—For State Registrar Only
83640

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