

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Register Only

19079

County of

Township of

or

Inc. Town of

or

City of

Registration District No. 40 - 260

Registered No. 260

(For use of Local Registrar)

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 Joe Wheeler Lynch Jr.

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

(3) SEX OR ONLY Boy (4) Type or Token To be answered only in event of Twin or Triple (5) Age Weeks Months Days (6) DATE OF BIRTH June 12 1907 (7) (Month) (Day) (Year)

FATHER: (8) FULL NAME J. W. Lynch (9) PRESENT RESIDENCE OF FATHER Spartanburg (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (12) BIRTHPLACE S.C. (13) OCCUPATION P. Office Clerk

MOTHER: (14) NAME BEFORE MARRIAGE Hattie M. Carter (15) PRESENT RESIDENCE OF MOTHER Spartanburg (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (18) BIRTHPLACE S.C. (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 1 (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 born alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Sign A. M. or P. M.)

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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

Filed 7-1-1907 (27) 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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