

No. 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

21306

Registration District No. **73a**

Registered No. **63**
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of institution instead of street and number.)
All Name of Child **John Vane Flynn** (If child is not yet named, make supplemental report as directed)

(4) Total **2** (5) Number in order of birth **2** (6) Age **4** (7) DATE OF BIRTH **4/11/25**
(Name of Month) (Day) (Year)

FATHER
Name **John Jordan Flynn**
Age **32**
Color or Race **White**
Birthplace **Callisto SC**
Occupation **Mill Operator**
Number of children born to father, including present birth **3**

MOTHER
(14) NAME BEFORE MARRIAGE **Mary Allen Vane**
(15) PRESENT POSTOFFICE **Greenville SC**
(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **25** (years)
(18) BIRTHPLACE **Newberry SC**
(19) OCCUPATION **Domestic**
(21) Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.
(25) (Signature) **Robert L. Tucker** (26) Address of Physician or Midwife **Greenville SC**
(27) State whether Physician or Midwife **Physician**

(28) Witnesses (Signature of Witness necessary only when question 23 is signed by mother)
(29) Filed **7/9/25** (30) **W. A. Williams** Local Registrar

If there is no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.