

(1) PLACE OF BIRTH

County of Florence

Township of Anniston

or
Inc. Town of

or
City of

(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

42879

Registration District No. 2017 Registered No. 10

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Cary Loue Lynch If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl

(4) Twin or Triplet? X

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 23, 1910

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur W. Lynch

(9) PRESENT POSTOFFICE OF FATHER Scranton R 45 2nd

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Florence SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Gertrude Floyd

(15) PRESENT POSTOFFICE OF MOTHER Scranton R 45 2nd

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Florence SC

(19) OCCUPATION Housewife

(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 at 9 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. E. Whitehead

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician - Lake City SC

Given name added from a supplemental report

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

(27) Filed Dec. 25 1910 (28) C. L. Robinson 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.

MARGIN RESERVE FOR SEPARATE RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. A. 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. M. C. W. of Columbia