

(1) PLACE OF BIRTH

County of YamhillTownship of Yamhillor
Inc. Town ofor
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 in
State Board of Health

File No. - For State Register File

4070

Registration District No. 2nd 9 Registered No. 63
(For use of Local Registrar)(No. 114 Church St. St. Mike Hill Ward)

(2) Full Name of Child

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

3. BOY OR GIRL

Boy

4. Twin or Triplet

To be answered only in event of Twin or Triplet

5. Number of children

6. Age

4 yrs

7. DATE OF BIRTH

July 17, 1923

FATHER.

8. FULL NAME

Henry A. Wynn

9. PRESENT POSTOFFICE OF FATHER

Yamhill, S.C.

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

36
(Years)

12. BIRTHPLACE

S. C.

13. OCCUPATION

Merchant

14. Number of children born to mother, including present birth

6

MOTHER.

15. NAME BEFORE MARRIAGE

Rosetta Young

16. PRESENT POSTOFFICE OF MOTHER

Yamhill, S.C.

17. COLOR OR RACE

White

18. AGE AT LAST BIRTHDAY

27
(Years)

19. BIRTHPLACE

S. C.

20. OCCUPATION

House wife

21. Number of children of this mother now living, including present birth

16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature)

(24) State whether

Physician Midwife
Physician Midwife

(25) Address of Physician or Midwife

Yamhill, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date July 17, 1923

Local Registrar

When there was an attending physician or midwife, then the father, householder, etc., should make this report 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.

Filed 9-15-30, 19

Registrar

Registrar