

UNIVERSITY OF COLUMBIA. COLUMBIA, S. C.

County of Greenwich
Township of Avon
or
Inc. Town of.....
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

90020

Registration District No. 2200 Registered No. 130
(For use of Local Registrar)

City of (No. 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 Loraine Barrett { If child is not yet named, make supplemental report as directed

(3) **BOY OR GIRL?** Boy

(4) **Twin or Triplet?** No

(5) **Number in order of birth** 1

(6) **Are Parents Married?** Yes

BIRTH Dec 15 1966
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Philip Lynett

(9) PRESENT POSTOFFICE OF FATHER Reynolds

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

20) Number of children born to mother, including present birth: 7

MOTHER

(14) NAME BEFORE MARRIAGE Faura Cassin

(15) PRESENT POSTOFFICE OF MOTHER *Franklin*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *23*
(Years)

(18) BIRTHPLACE ✓ ✓

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether ~~Physician~~ or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 5 1977 (28) 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.