

WRITE PLAINLY. WITH LEADING PEN—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH

County of Christian
 Township of Amherst
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only
44460

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child John Henry Lynam (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of Father <u>34</u>	(7) DATE OF BIRTH <u>Aug 23 1923</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>L. B. Lynam</u>			(14) NAME BEFORE MARRIAGE <u>Alma Collins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>3 Elymore S. R #1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>2 Elymore S. R #1</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>York County</u>			(18) BIRTHPLACE <u>Christian County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) M. Gust
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Elymore S. R

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
	(27) Filed (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.

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