

## (1) PLACE OF BIRTH

County of HenryTownship of Barclayor  
Inc. Town of .....

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

40965

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child James Edwards F. Lynch (If child is not yet named, make supplemental report as directed)(3) SEX OR GENDER boy (4) Type or Tradition 74 (5) Number in order of birth 74 (6) DATE OF BIRTH Dec 8 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ben Flyn</u>	(14) NAME BEFORE MARRIAGE <u>Hatter</u>	(10) PRESENT RESIDENCE OF FATHER <u>Toddville</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Toddville SC</u>
(12) COLOR OR RACE <u>Negro</u>	(18) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(12) COLOR OR RACE <u>Negro</u>	(18) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(15) BIRTHPLACE <u>Henry Co</u>	(19) OCCUPATION <u>Laborer</u>	(15) BIRTHPLACE <u>Henry Co</u>	(19) OCCUPATION
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 9 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Small (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Toddville SC(25) Witness J. F. Hatcher (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed 10 (27) 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.