

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of Greenville
 or
 City of Greenville

CERTIFICATE OF BIRTH

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

File No. by Local Registrar
21305

Registration District No. 13 Registered No. 62
 (For use of Local Registrar)
 (No. 739 Key road 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 Frank Clay Williams (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Type of Birth <u>Normal</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex of Child <u>Male</u>	(7) DATE OF BIRTH <u>4/11/23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) NAME <u>John Gordon Flynn</u>			(14) NAME BEFORE MARRIAGE <u>Marg Aileen Vayn</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Greenville S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Year)	
(12) BIRTHPLACE <u>Waco, Louisiana, U.C.</u>			(18) BIRTHPLACE <u>Newberry S.C.</u>	
(13) OCCUPATION <u>Mill Operator</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to father, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:10 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed 7/9/23 19 23 (28) W.A. Williams
 Registrar 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.