

(1) PLACE OF BIRTH

County of

Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—for State Registrar Only

28465

Township of

or
In. Town of

Registration District No.

Registered No.

(For use of Local Registrar)

City of

No. City Hospitals

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Anne Hope Lynch

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

(3) BOY OR GIRL?

Girl

(4) Twin or triplet?

(5) Number in order of birth

To be entered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James W. Lynch

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

New Hope

(13) OCCUPATION

Electrician - Lamp crew

(14) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Margaret W. Lynch

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Riverside, N.C.

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 2:20 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

E. W. Washington St. Greenville, S.C.

Given name added from a later report

When there was no attending physician or midwife, the father, mother, or other person should make this return. If a child breathes at birth, the return should be made at once.