

## (1) PLACE OF BIRTH

County of FlorenceTownship of Northor  
Inc. Town of.....

City of.....

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

(2) Full Name of Child Mattie Lynch

File No.—For State Registrar Only

22181

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2012 Registered No. 48

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 10, 1922</u>
				(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Tillman Lynch(14) NAME BEFORE MARRIAGE Fannie Calder(9) PRESENT POSTOFFICE OF FATHER Cowards, S.C.(15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE So Car(18) BIRTHPLACE So Car(13) OCCUPATION Farming(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 5(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Ann Calder(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report

(26) Witness A. J. Kelley (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6/16 1922 (28) A. J. Kelley 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.