

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18437

(1) PLACE OF BIRTH

County of Edgefield
Township of Windsor
or
Inc. Town of
or
City of

Registration District No. 1517 Registered No. 12
(For use of Local Registrar)

(No. 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 Wallace Lynd If child is not yet named, make supplemental report as directed3 SEX OR
CLASS4 Twin
or Triplet?5 Number in
order of birth6 Are
Parents
Married?

7 DATE OF

BIRTH June 5, 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL
NAME9 PRESENT
POSTOFFICE
OF FATHER10 COLOR
OR
RACE

11 BIRTHPLACE

12 OCCUPATION

13 AGE AT LAST
BIRTHDAY

Years

14 Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 7 P. M.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

June 12, 1922

(28)

L. P. Brumson
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.