

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

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

No. - For State Registrar Only

28311

Registration District No. 2008

Registered No. 22

(For use of Local Registrar)

(No.)

St.

Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex

yes

DATE OF BIRTH

9-14-23

(Name of Month) (Day) (Year)

FATHER

(7) FULL NAME

James Lynch

(8) PRESENT POSTOFFICE OF FATHER

Spartanburg, S.C.

(9) COLOR OR RACE

white

(10) AGE AT LAST BIRTHDAY

22

(Year)

(11) BIRTHPLACE

S.C.

(12) OCCUPATION

Farmer

MOTHER

(13) NAME BEFORE MARRIAGE

Everett Cook

(14) PRESENT POSTOFFICE OF MOTHER

Spartanburg, S.C.

(15) COLOR OR RACE

white

(16) AGE AT LAST BIRTHDAY

27

(Year)

(17) BIRTHPLACE

S.C.

(18) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive, at 2 P.M. on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

D. B. W. Courtenay, Jr.

(24) Address of Physician or Midwife

Lake City, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

9/28/23

(27)

R. L. Carter, Local Registrar

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.

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