

(1) PLACE OF BIRTH

County of *Horry*Township of *Dillon*or
Inc. Town ofor
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

File No.—For State Registrar Only

4301

Registration District No. *11/10* Registered No. *21*

(For use of Local Registrar)

(2) Full Name of Child... *Ruby Lomas 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

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb 2 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Eugene Lynch*(9) PRESENT POSTOFFICE OF FATHER *Candlen S C*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *19*
(Years)(12) BIRTHPLACE *Haskins S C*(13) OCCUPATION *Teacher*

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE *Ruth Corrie Lynch*(15) PRESENT POSTOFFICE OF MOTHER *Candlen S C*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *17*
(Years)(18) BIRTHPLACE *Darlington Co*(19) OCCUPATION *House wife*

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born *live* at *12:30 P.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. Chisholm*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Candlen S C*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by parent)

Feb 2 1923

(27)

Local Registrar

M. P. M. wife

O. H. R. U. R.

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child branches even once, a report is desired of stillbirths before the month of pregnancy.