

(1) PLACE OF BIRTH

County of Orange
 Township of Ingalls
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
92708

Registration District No. 300 Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12/10/16
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

FATHER.			MOTHER.		
(8) FULL NAME	<u>James W. Wynn</u>	(14) NAME BEFORE MARRIAGE	<u>Lucy Rebecca Jones</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Westminster, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Westminster, S.C.</u>		
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>		
(11) AGE AT LAST BIRTHDAY	<u>38</u>	(17) AGE AT LAST BIRTHDAY	<u>27</u>		
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>		
(13) OCCUPATION	<u>Merchant & Farmer</u>	(19) OCCUPATION	<u>Housewife</u>		
(20) Number of children born to mother, including present birth	<u>3</u>	(21) Number of children of this mother now living, including present birth	<u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report
 (26) Witness
 (27) Filed 2/10/17 Registrar H. G. Shelton
 (28) 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.