

(1) PLACE OF BIRTH

County *Charlottesville*Township of *Lynn Mills*Inc. Town of *Lynn Mills*City of *Lynn Mills*

(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

30256

Registration District No. *4008*Registered No. *261*
(For use of Local Registrar)(2) Full Name of Child *Lynn Mills*

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 *2*(6) Are Parents Married *Yes*(7) DATE OF BIRTH *Sept. 19, 1923*

(Name & Month) (Day) (Year)

FATHER

(8) FULL NAME *Climmon Edwards*(9) PRESENT POSTOFFICE OF FATHER *Lynn, S.C.*(10) COLOR OR RACE *N*(11) AGE AT LAST BIRTHDAY *24*

(Years)

(12) BIRTHPLACE *N.C.*(13) OCCUPATION *Mill op*(20) Number of children born to mother, including present birth *2 3*

MOTHER

(14) NAME BEFORE MARRIAGE *Erie Leonard*(15) PRESENT POSTOFFICE OF MOTHER *Lynn, S.C.*(16) COLOR OR RACE *N*(17) AGE AT LAST BIRTHDAY *24*

(Years)

(18) BIRTHPLACE *S.C.*(19) OCCUPATION *House wife*(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* on the date above stated.(23) (Signature) *J. J. Leonard*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Charlottesville, S.C.*Given name added from a supplemental report *11-26-23*

(26) Witness

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

(27) Signed *C. F. 3*(28) Date *1923*(29) Name *Mrs. C. F. Parker*

Local Registrar

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.