

Form No. 1

(1) PLACE OF BIRTH

County of Greene
 Township of Liberty
 Inc. Town of
 City of

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

No. — For State Registrar Only
3868

Registration District No. 2010 Registered No.
 (For use of Local Registrar)

Ward)
 (No.)
 If birth occurs in a hospital or other institution, give name of same instead of street and number

(2) Full Name of Child

1) BOY OR GIRL Girl 2) Date of Birth Feb 10 1917 3) Number in order of birth 4) Are Parents Married? Yes 5) Name of Mother (Last) James (Day) 5 (Year) 1917

FATHER
 6) FULL NAME James Lynch
 7) PRESENT POSTOFFICE OF FATHER Greenville, S.C.
 8) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)
 9) BIRTHPLACE I.C.
 10) OCCUPATION Farmer
 12) Number of children born to mother, including present birth 4

MOTHER
 13) NAME BEFORE MARRIAGE Lucie P.
 14) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.
 15) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)
 16) BIRTHPLACE I.C.
 18) OCCUPATION Housewife
 19) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11:15 M., on the date above stated. (Hour M. or P. N.)

(24) (Signature) Dr. J. H. Montgomery (25) Address of Physician or Midwife Greenville, S.C.

(26) Name and Address of Person to be Notified John H. Montgomery
 (27) Signature of Witness John H. Montgomery
 (28) Date Feb 10 1917

When there is a stillbirth, the father, householder, etc., should give a report of the birth of the child. No report is needed of stillbirths if a child is born alive.