

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.
 W. B.—McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville
 Township of O'Neal
 or
 Inc. Town of _____
 or
 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
43087

Registration District No. 2212 Registered No. 98
 (For use of Local Registrar)
 St.: _____ Ward: _____

(2) Full Name of Child J. d. Lynn

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 Dec. 26 1911
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME B. O. Lynn
 (9) PRESENT POSTOFFICE OF FATHER Jay low S.C. R #1
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Greenville Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Minnie Thompson
 (15) PRESENT POSTOFFICE OF MOTHER Jay low S.C. R #1
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Greenville Co. S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1¹⁰ P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. ...
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Physicians Taylor low S.C. R #1

Given name added from a supplemental report _____

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 5 1911 (28) Robert W. News 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.

Registrar _____ Local Registrar _____

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