FORM NO. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
5593

(1) PLACE OF BIRTH
County of Abbeville
Township of Calhoun Mills
or
Inc. Town of ..... Registration District No. 102 Registered No. 10 (For use of Local Reistrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lillie May Flinn ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Mar (Name of Month), 19 (Day), 1915 (Year)

FATHER.	MOTHER.
(8) FULL NAME John Flinn	(14) NAME BEFORE MARRIAGE Carrie Lomax
(9) PRESENT POSTOFFICE OF FATHER Mt Carmel SC	(15) PRESENT POSTOFFICE OF MOTHER Mt Carmel SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Abbeville County SC	(18) BIRTHPLACE Abbeville County SC
(13) OCCUPATION Farming	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth Two	(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 a M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma Donaldson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt Carmel SC

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness W. I. Sutherland (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 29 1915 (28) W. I. Sutherland Sub 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 5.

McCaw, of Columbia.