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Website Verification**

PO BOX 6
STELLA, MO 64867**Name:** WILLIAM LOUIS LYNN **Profession:** [MD](#) **Office Phone:** (417) 628-3892**Basis:** [71](#) **School:** [MD](#) **Graduation:** 01/01/1970**License No:** 10114 **Date Issued:** 12/12/1980 **Expiration:** 06/30/2021**Specialty:** [GYN* OBG*](#)**Rx#:****Rx Issue Date:****Primary Source Verification of Graduation Certified****Hospital Affiliation (s):**
BEAUFORT MEMORIAL HOSPITAL**Credential Status:** Active

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

Board Public Action History:[View Orders](#)[View Other License for this Person](#)[No Orders Found](#)**License History:**

Temporary License Number: 0T0853

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