

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Campobello

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

50423

Registration District No. 40-CRegistered No. 22

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child Annina Mary Lyles(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 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 13, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Larkin Lyles(9) PRESENT POSTOFFICE OF FATHER Immawott(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 23  
 (Years)(12) BIRTHPLACE Spartanburg Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Susie Smith(15) PRESENT POSTOFFICE OF MOTHER Immawott(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 23  
 (Years)(18) BIRTHPLACE Spartanburg Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 7 P. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Chapman M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Immawott

Given name added from a supplemental report

June 9, 1916.E. C. Myers  
 Registrar

(26) Witness .....

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

(27) Filed Feb 18, 1916(28) E. C. Myers  
 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.

MAILED FEBRUARY 1916  
 STATE OF SOUTH CAROLINA  
 BUREAU OF VITAL STATISTICS  
 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 6.

McCaw, of Columbia