

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

M. R.—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 2.

McCoy, of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

(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

48285

Registration District No. 9A

Registered No. 235

(For use of Local Registrar)

(2) Full Name of Child

Jessie Howard Lyual

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?

(7) DATE OF BIRTH

Feb 4 1906

FATHER.

(8) FULL NAME

John Howard Lyual

(9) PRESENT POSTOFFICE OF FATHER

104 Ashley Ave

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Traveling Salesman

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary E Boyd

(15) PRESENT POSTOFFICE OF MOTHER

104 Ashley Ave

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

J. M. Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D. S.C.

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 22 is signed by mark)

(27) Filed

1906

(28)

J. M. Green M.D.

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.

HEALTH OFFICER