

Form No. 1

(1) PLACE OF BIRTH

County of Glenn
Township of #
or
Inc. Town of Andrews S.C.
or
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3927

Registration District No. 2107 Registered No. 24
(For use of Local Registrar)

(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 Brian Ben Lyons

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

1. SEX OF CHILD Female
2. DATE OF BIRTH Feb 21 1928
(Name of Month) (Day) (Year)

3. AGE OF CHILD 28
4. MARRIED No

5. FATHER'S FULL NAME John Green

6. PRESENT POSTOFFICE OF FATHER Andrews S.C.

7. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Year)

8. BIRTHPLACE Georgetown, C.G.S.C.

9. OCCUPATION Houseman

10. Number of children born to mother, including present birth 1

12. MOTHER'S FULL NAME Viola Lyons

13. PRESENT POSTOFFICE OF MOTHER Andrews S.C.

14. COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Year)

15. BIRTHPLACE Georgetown, C.G.S.C.

16. OCCUPATION Cook

18. 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 at 5 P.M. on the date above stated. (Hour of birth or stillborn)

(23) (Signature) S. M. Williams (24) Address of Physician or Midwife Andrews S.C.

Given name added from a supplemental report

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

(26) Filed Feb 5 1928 (27) Local Registrar W. B. Early

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.