Form 5-6

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.
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.

Bureau of Vital Statistics, Columbia, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
36329

(1) PLACE OF BIRTH
County of Saluda
Township of #3
or
Inc. Town of .....
or
City of .....
Registration District No. 3.E.2 Registered No. 54
(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 .....
If child is not yet named, make supplemental report as directed

(3) BOY OR 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?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	Oct 9, 1922

FATHER.

(8) FULL NAME Jacob Y West
(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE Newberry S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Nora N. Eberhardt
(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)
(18) BIRTHPLACE Saluda S.C.
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12.15 a M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Rhodes Lyles M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Prosperity S.C.

Given name added from a supplemental report
....., 19 ....
Registrar

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

(27) Filed Nov 10 1922 (28) J. Rosa Coleman
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.