

Form No. 1

(1) PLACE OF BIRTH

County of CalletonTownship of Ward

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

20620

Registration District No. 1429 Registered No. 83
(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 Samuel David Lytle If child is not yet named, make supplemental report as directed3. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Sex Male 7. DATE OF BIRTH Jan 6 1923
To be answered only in event of Twin or TripletFATHER. 8. FULL NAME David Lytle 9. PRESENT POSTOFFICE OF FATHER Hallulon 10. COLOR OR RACE Col 11. AGE AT LAST BIRTHDAY 21 (Years)MOTHER. 12. NAME BEFORE MARRIAGE Fannie Glover 13. PRESENT POSTOFFICE OF MOTHER Hallulon 14. COLOR OR RACE Col 15. AGE AT LAST BIRTHDAY 23 (Years)16. BIRTHPLACE AL 17. OCCUPATION Housewife18. OCCUPATION San Mill Hand 19. Number of children born to mother, including present birth 3 20. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Parula Lytle (23) Address of Physician or Midwife Hallulon(24) State whether Physician or Midwife Midwife

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

(26) Given name added from a supplemental report

(27) Local Registrar. David Lytle 1923

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.