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Standard Certificate of Birth

FILE No.—For State Registrar Only
02309

1. PLACE OF BIRTH
County of Richland
Township of _____
or
Inc. Town of _____
City of Columbia

STATE OF SOUTH CAROLINA

Registration District No. 38-A Registered No. _____
(For use of Local Registrar)

(No. 325 Blandine 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 Harry Noah Kyall
(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural Births _____ 4. Twins, triplets or other _____ 6. Premature _____ 7. Are Parents Married? Yes 8. Date of birth Dec 14, 1922
5. Number, in order of birth _____ Full term _____ (Month, day, year)

9. Full name Albert James Kyall FATHER
10. Residence (mailing address) R. 3 Boylark
(If non-resident, give place and State)

18. Name before marriage Laura A. Harr. MOTHER
19. Residence (mailing address) R. 3 Boylark
(If non-resident, give place and State)

11. Color or race White 12. Age at child's birth 18 (years)
13. Birthplace (city or place) Columbia
(State or country) Richland S.C.

20. Color or race White 21. Age at child's birth 16 (years)
22. Birthplace (city or place) Columbia
(State or country) Richland S.C.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shawite Cutter
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year last) engaged in this work June, 1941
17. Total time (years) spent in this work 17

OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. None
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at _____ m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Mrs. Albert J. Kyall Parent
or _____ Guardian

Given name added from a supplementary report _____
(Date of) _____

Address _____
Filed June 21, 1941 M. B. Woodward, M.D. Registrar.

Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on back of Certificate)