

(1) PLACE OF BIRTH

County of Henry.....

Township of *Butler*.....

or
Inc. Town of.....

or
City of

(If birth occurs in a hospital)

(If birth occurs in a hospital or other institution, (give name of same instead of street and number.)

(2) Full Name of Child

(No. _____)
 Hospital or other institution, (give name of same in _____)
William Leroy Lykes

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

(3) BOY OR *Boy*
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(8) ☒ Are Parents Monitored?

(7) DATE OF BIRTH Sept 19 1922

To be answered only in event of Twins or Triplets

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2 FATHER

(8) FULL NAME

FATHER.
Ashby Tyler

(9) PRESENT
POSTOFFICE
OF FATHER

Lyons & Co.

(10) COLOR OR RACE

White

(11) **AGE AT LAST BIRTHDAY**.....25-
(Years)

(12) BIRTHPLACE

PLACE *Harry Co S C*

(13) OCCUPATION

SPATION. *L. J. Arning*

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

1. Case

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 3:41 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(2) **Witness**

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

(37) Filed Sept 19 1922 (38) J. E. Bell
Local Registrar.

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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.