

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

44889

County of

Township of

or  
Inc. Town of

or  
City of

(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.

*Myrtle Lyles*

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

(3) BOY OR GIRL?

*Girl*

(4) Twin or Triplet?

*To be answered only in case of Twins or Triplets*

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*Dec 24 5*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*David Lyles*

(9) PRESENT POSTOFFICE OF FATHER

*Jonesville S.C.*

(10) COLOR OR RACE

*Colored*

(11) AGE AT LAST BIRTHDAY

*20*  
(Years)

(12) BIRTHPLACE

*Union County*

(13) OCCUPATION

*Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Vivian Givens*

(15) PRESENT POSTOFFICE OF MOTHER

*Jonesville S.C.*

(16) COLOR OR RACE

*Colored*

(17) AGE AT LAST BIRTHDAY

*17*  
(Years)

(18) BIRTHPLACE

*Union County*

(19) OCCUPATION

*Domestic*

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

*1*

(21) 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 *11* ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Delia McClanahan*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191.....

Registrar

(26) Witness

*D. H. Alvarado*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

*Dec 25 1915*

(28)

*D. H. Alvarado*  
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.

fifth month of pregnancy.

FORM NO. 1  
WHICH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 8.