

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

(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*

File No.—For State Registrar Only

44889

86

Registered No. (For use of Local Registrar)

St.: Ward)

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Dec. 24 1915</i> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <i>David Lyles</i>			(14) NAME BEFORE MARRIAGE <i>Vincent Givins</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Jonesville 86</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Jonesville 86</i>	
(10) COLOR OR RACE <i>Colored</i>	(11) AGE AT LAST BIRTHDAY <i>20</i> <small>(Years)</small>	(16) COLOR OR RACE <i>Colored</i>	(17) AGE AT LAST BIRTHDAY <i>17</i> <small>(Years)</small>	
(12) BIRTHPLACE <i>Union County</i>			(18) BIRTHPLACE <i>Union County</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Domestic</i>	
20) Number of children born to mother, including present birth <i>1</i>			21) Number of children of this mother now living, including present birth <i>1</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11* *P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Delia McClammy*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness *D. H. Alumbaugh*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Dec 28 1915* (28) *D. H. Alumbaugh* 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.

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FOR EACH CHILD, WITH UNFADING INK—THIS IS A PERMANENT RECORD. FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 3.

McGraw-Hill of Columbia