

## (1) PLACE OF BIRTH

County of Georgetown  
Township of 7

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**64421**Inc. Town of ..... Registration District No. 2/106 ..... Registered No. 41  
City of ..... (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Henry Pyatt } If child is not yet named, make supplemental report as directed(3) Sex OR Boy (4) Twin or Triplet? (5) Number in order of birth (6) Age 2 or Married? (7) DATE OF BIRTH June 10 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME William Pyatt  
(9) PRESENT POSTOFFICE OF FATHER Brook Green  
(10) COLOR OR RACE Wneg (11) AGE AT LAST BIRTHDAY 50 (Years)  
(12) BIRTHPLACE Georgetown Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 13 }MOTHER.  
(14) NAME BEFORE MARRIAGE Patsy Knox  
(15) PRESENT POSTOFFICE OF MOTHER Brook Green  
(16) COLOR OR RACE Wneg (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE Georgetown Co. S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth { 6 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive 4 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Choy Lance

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

Given name added from a supplemental report

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

(27) Filed JUNE 20 1916 (28) A. T. Bechtel 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.

MARGIN RESERVED FOR BINDING.  
WRITE 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 5.  
McCaw, of Columbia