

MARGIN RESERVATION FOR REVENUE. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH IMPERMANENT INK IN A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. NO 1. THE OTHER, No 2, etc. in question 8.

(1) PLACE OF BIRTH

County of Union  
Township of E. 1st  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
66514

Registration District No. 4202 Registered No. 21  
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married? yes (7) DATE OF BIRTH June 20, 1916  
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME George Lyles (14) NAME BEFORE MARRIAGE Enonielster  
(9) PRESENT POSTOFFICE OF FATHER Whitman St. (15) PRESENT POSTOFFICE OF MOTHER Whitman St.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 39  
(12) BIRTHPLACE Union Co (18) BIRTHPLACE Whitman St.  
(13) OCCUPATION Farming (19) OCCUPATION  
(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 or stillborn at 10:15 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Enonielster (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Whitman St.

Given name added from a supplemental report

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

(27) Filed July 5, 1916 (28) J. C. Grobley 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.