

(1) PLACE OF BIRTH

County of Darlington S.C. **CERTIFICATE OF BIRTH**
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

29876

Township Durham

or Town of Durham Registration District No. 1.2.0.3 Registered No. 29
 (For use of Local Registrar)

City of Durham (No. 1 St.; 1 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Obby Boyer Lyler { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (a) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 12 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME O. Lyler
 (9) PRESENT POSTOFFICE OF FATHER Durham S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION School Teacher
 (14) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Julia Ellis
 (15) PRESENT POSTOFFICE OF MOTHER Durham S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (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 at 9 A.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness [Signature]
 (Signature of Witness necessary only when question 23 is signed for mark)

(27) Filed Ch. 1/101 (28) [Signature] 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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