

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Fort Millor
Inc. Town of Fort Millor
City of Fort Mill

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bartholomew Lamar Lyle(3) BOY OR
GIRL? Girl(4) Twin
or Triplet? No(5) Number in
order of birth 1(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Feb. 10, 1916(8) FULL
NAME Marion Russell Culp(9) PRESENT
POSTOFFICE
OF FATHER Fort Mill S.C.(10) COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 28
(Years)(12) BIRTHPLACE Lancaster Co. S.C.(13) OCCUPATION Mill operative(14) Number of children born to
mother, including present birth 1(14) NAME BEFORE
MARRIAGE Kate Huntsinger(15) PRESENT
POSTOFFICE
OF MOTHER Fort Mill S.C.(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 23
(Years)(18) BIRTHPLACE Asheville N.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 alive at 8:15 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J.B. Elliott M.D.

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

Fort Mill S.C.Given name added from a supplement-
tal reportMarion Russell CulpFort Mill S.C.Feb. 10, 1916(26) Witness A.L. Parker
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 1916 (28) Local RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this return. If
a child is born dead it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.Deputy RegistrarWHEN 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.
Cav. of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Division of Vital Statistics

State Board of Health

File No. — For State Registrar Only

50810

Registration District No. 4406 Registered No. 8
(For use of Local Registrar)

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GIRL? Girl(4) Twin
or Triplet? No(5) Number in
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Married? Yes(7) DATE OF
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