

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 34

File No. — For State Registrar Only

19751

Registered No. 236
(For use of Local Registrar)(2) Full Name of Child Michael & Elizabeth

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

3) BOY OR GIRL ☒

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Harvie Lyon

9) PRESENT POSTOFFICE OF FATHER

Casperston S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23 (Year)

12) BIRTHPLACE

Pennsylvania Co. S.C.

13) OCCUPATION

Taxi

20 Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lila Ashley

(15) PRESENT POSTOFFICE OF MOTHER

Casperston S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23 (Year)

(18) BIRTHPLACE

Abbeville Co S.C.

(19) OCCUPATION

House wife

(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 alive at 2 P.M. on the date above stated. (Hour of day or stillborn Hour M. or P. M.)

(23) (Signature)

(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 included)

ED. GRAYTON,

(27) Filed

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(28) ANDERSON, S.C.

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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