

## (1) PLACE OF BIRTH

County of Richland  
 Township of Cassatown  
 or  
 Inc. Town of S. C.  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar only  
**30002**

Registration District No. 36.7 Registered No. 221  
 (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 Gertrude Lyle If child is not yet named, make supplemental report as directed

(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 Sept. 12 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Lyle</u>	(14) NAME BEFORE MARRIAGE <u>Estell Martin</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cassatown, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cassatown, S. C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)
(12) BIRTHPLACE <u>Fairfield Co. S. C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Fairfield Co. S. C.</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>16</u>	(21) Number of children of this mother now living, including present birth <u>15</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Midwife Cassatown, S. C.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

19 23 Registrar (27) Filed 19 23 (28) 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1