

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 8.

(1) PLACE OF BIRTH

County of Spartanburg
Township of
or
Inc. Town of
or
City of Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
32130

Registration District No. 41-a Registered No. 423
(For use of Local Registrar)

(No. 225 Clumet St. 24 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William J. Tyler If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Tyler
(9) PRESENT POSTOFFICE OF FATHER Grenville S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Year)
(12) BIRTHPLACE Alton Ill.
(13) OCCUPATION Tolson
(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Free
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Year)
(18) BIRTHPLACE Fairfield County
(19) OCCUPATION House keeper
(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Smith X
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Laurens S.C.

Given name added from a supplemental report

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

19 22 Registrar

(27) Filed 10-1-22 (28) Jas Coker 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.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.