

(1) PLACE OF BIRTH

County of Lantern  
Township of Sullivan  
or  
Inc. Town of Franklin  
or  
City of Franklin

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

File No. — For State Registrar Only

7607

Registration District No. 2906 Registered No. 14  
(For use of Local Registrar)

(No. . . . . St. . . . . Ward)

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

(2) Full Name of Child Joseph Lee 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 Feb 17 1923  
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME John Tyler

9. PRESENT POSTOFFICE OF FATHER Washington D.C.

10. COLOR OR RACE Black

11. AGE AT LAST BIRTHDAY 25  
(Years)

12. BIRTHPLACE Lantern Co S.C.

13. OCCUPATION Laborer

20. Number of children born to mother, including present birth 5

MOTHER.

14. NAME BEFORE MARRIAGE Elizabeth Tyler

15. PRESENT POSTOFFICE OF MOTHER Washington D.C.

16. COLOR OR RACE Black

17. AGE AT LAST BIRTHDAY 24  
(Years)

18. BIRTHPLACE Lantern Co S.C.

19. OCCUPATION Domestic

21. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. W. Norton

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife W. W. Norton

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 12 1923

(28) W. W. Norton  
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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