

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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 Health

File No.—For State Registrar Only

66230

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy	(4) Twin or Triplet? — To be answered only in event of Twins or Triplets	(5) Number in order of birth 2	(6) Are Parents Married? Yes	(7) DATE OF BIRTH June 17, 1916 (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME Lathan Tyler		(14) NAME BEFORE MARRIAGE Minnie Wilkie		
(9) PRESENT POSTOFFICE OF FATHER Cherokee R.F.D. 1		(15) PRESENT POSTOFFICE OF MOTHER Cherokee R.F.D. 1		
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 18 (Years)	
(12) BIRTHPLACE Spartanburg Co S.C.		(18) BIRTHPLACE Balk Co S.C.		
(13) OCCUPATION Farming		(19) OCCUPATION Housekeeping		
(20) Number of children born to mother, including present birth 1		(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 Balme 2:15 at A. M. on the date above stated. (Born alive or stillborn) (Hour A. 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 22 is signed by mark)

(27) Filed

(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 stillborns before the fifth month of pregnancy.