

Form No. 1

(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.)

(2) Full Name of Child Mary Agnes Cyle

No. for State Registrar Only

28207

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. Registered No.
(For use of Local Registrar)

St. Ward

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

3. BOY OR GIRL

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

Sept 9 1923
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME

Wm. Hancham Cyle

9. PRESENT POSTOFFICE OF FATHER

Minerboro, D.C.

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

32
(Year)

12. BIRTHPLACE

Fairfield Co. D.C.

13. OCCUPATION

Farmer

MOTHER

14. NAME BEFORE MARRIAGE

Agnes Patrick

15. PRESENT POSTOFFICE OF MOTHER

Minerboro D.C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

28
(Year)

18. BIRTHPLACE

Fairfield Co.

19. OCCUPATION

Housewife

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

2

21. Number of children born to mother, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Paul D. Cyle

(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 signed by parent)

(27) Date

Oct 10 1923

(28)

N. T. Johnston
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.