

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
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 HealthNo. for South Carolina Only
13497

Registration District No. 124

Registered No. 33
(For use of Local Registrar)

(2) Full Name of Child

Billy Pyles

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

(3) SEX OR
GAY

boy

(4) Twin
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married

yes

(7) DATE OF
BIRTHJan 23, 1923
(Month) (Day) (Year)

FATHER

(8) Full
Name

George W. Pyles

(9) Present
Residence
of Father

Jepson S.C.

(10) COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY39
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE
MARRIAGE

Renee Ogborne

(15) PRESENT
RESIDENCE
OF MOTHER

Jepson S.C.

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY40
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Homemaker

(20) Number of children born to
mother, including present birth

Seven

(21) Number of children of this mother
now living, including present birth

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State, whether

Physician or Midwife

(25) Address of Physician or Midwife

Jepson S.C.

Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)

(27) Filed May 12, 1923

(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.

1. PLACE OF BIRTH

County of ChesterfieldTownship of Old Stoneor
In. Town of Jefferson S.C.City of R #1

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No. - For State Registrar Only

Registered No. _____

(For use of Local Registrar)

2. FULL NAME OF CHILD

Billy Pyle

(If child is not yet named, make provisional name as directed)

1. Sex or Child <u>Boy</u>	2. Plural <u>Births</u>	3. Twin, triplet or other _____	4. Premature _____	5. Are Parents <u>Married</u>	6. Date of Birth <u>Jan 25 1923</u>
7. Number, in order of birth _____		Full term <u>Yes</u>		(Month, day, year)	
9. Full name <u>FATHER</u> <u>G. W. Pyle</u>			10. Name before marriage <u>MOTHER</u> <u>Frances Irene Gburin</u>		
11. Residence (mailing address) (If non-resident, give place and State) <u>Jefferson S.C. R #1</u>			12. Residence (mailing address) (If non-resident, give place and State) <u>Jefferson S.C. R #1</u>		
13. Color or race <u>W</u>		14. Age at last birthday <u>39</u> (years)		15. Color or race <u>W</u>	
16. Birthplace (city or place) (State or country) <u>S.C.</u>		17. Age at last birthday <u>40</u> (years)		18. Birthplace (city or place) (State or country) <u>S.C.</u>	
19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housework</u>		21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	
22. Date (month and year last) engaged in this work 19____		23. Total time (years) spent in this work _____		24. Date (month and year last) engaged in this work 19____	
25. Total time (years) spent in this work _____		26. Date (month and year last) engaged in this work 19____		27. Total time (years) spent in this work _____	
28. Number of children of this mother (At time of birth and including this child) <u>4</u> (a) Born alive and now living <u>9</u> (b) Born alive but now dead <u>2</u> (c) Stillborn					
29. If stillborn, period of gestation _____ months _____ weeks		30. Cause of stillbirth _____		31. Before labor _____	
32. During labor _____					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date _____
(Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report _____
(Date of) _____(Signed) W. A. Gantt, M. D.

or _____, Midwife

Address Jefferson S.C.

Filed _____, 19____

Registrar