

Form No. 1.

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
53950

Registration District No. 42-A Registered No. 39
(For use of Local Registrar)
No. #56 Pinkney 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. Mannie Lyles } If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 23, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Lyles
(9) PRESENT POSTOFFICE OF FATHER Union
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Union County
(13) OCCUPATION Braken on Pickney
(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Bevelin Wallace
(15) PRESENT POSTOFFICE OF MOTHER Union
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Union
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Amanda M. Beth

(24) State whether Physician or Midwife (25) Address of Physician or Midwife #38 Hamlet Ave.

Given name added from a supplemental report

(26) Witness Sophia Lyles Arthur Lyles
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 26, 1916 (28) J. S. Sarratt 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.

MARGIN RESERVED FOR FILING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.