

1. PLACE OF BIRTH

County of ChesterfieldTownship of Old StoreIn. Town of JeffersonCity 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 _____			8. Full term _____		

9. Full name <u>G. W. Pyle</u>	10. Name before marriage <u>MOTHER</u>
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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>
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13. Color or race <u>W</u>	14. Age at last birthday <u>39</u> (years)	15. Color or race <u>W</u>	16. Age at last birthday <u>40</u> (years)
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17. Birthplace (city or place) (State or country) <u>S.C.</u>	18. Birthplace (city or place) (State or country) <u>S.C.</u>
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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>
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21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
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23. Date (month and year last) engaged in this work 19____	24. Total time (years) spent in this work _____	25. Date (month and year last) engaged in this work 19____	26. Total time (years) spent in this work _____
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27. 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 _____
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28. If stillborn, period of gestation _____ months _____ weeks	29. Cause of stillbirth _____	Before labor _____	During labor _____
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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