

WHEN FATHER, MOTHER, OR CHILD IS A FOREIGN-BORN IMMIGRANT, PRINT NAME, BIRTH-DATE, AND PLACE OF BIRTH IN FULL, IN ENGLISH, IN THE SPACE PROVIDED, AND MARK THE SPACE WITH AN X. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE SPACE WITH AN X. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE SPACE WITH AN X.

(1) PLACE OF BIRTH

County of Fairfield

Township of 13

or  
Inc. Town of

or  
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 Richard Syles

File No.—For State Registrar Only

4077

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1912 Registered No. 3  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR X GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 8 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Syles

(9) PRESENT POSTOFFICE OF FATHER Blairs S.C.

(10) COLOR OR RACE negro. (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE Blairs S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Cloddie Fernion

(15) PRESENT POSTOFFICE OF MOTHER Blairs S.C.

(16) COLOR OR RACE negro. (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Blairs S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Thompson

(24) State whether Physician or Midwife X (25) Address of Physician or Midwife Blairs S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 1922 (28) W. E. DeHines 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.