

(1) PLACE OF BIRTH County of <u>Cherokee</u> Township of <u>Waytonville</u> 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.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 48464
Registration District No. <u>1001</u> Registered No. <u>9</u> (For use of Local Registrar)				
(2) Full Name of Child <u>Lionel Coyle</u>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>No</u> (To be answered only in case of twins or triplets)	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 27 1906</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Walter Coyle</u>		(14) NAME BEFORE MARRIAGE <u>Blanche Tate</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Saffney S. C. P#5</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Saffney S. C. P#5</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(12) BIRTHPLACE <u>Cherokee Co.,</u>		(18) BIRTHPLACE <u>Cherokee Co.,</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 P. M.</u> on the date above stated. (Born alive or stillborn) (Clear A. M. or P. M.)				
(23) (Signature) <u>D. M. Tate</u>				
(24) Address of Physician or Midwife <u>Physician Pacolet, S. C.</u>				
Given name added from a supplemental report		(25) Witness (Signature of Witness necessary only when question 22 is signed by mark.)		
.....		(26) FILED <u>Feb 29 1906</u> (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.