

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
74063

(1) PLACE OF BIRTH

County of Conroe

Township of

or
Inc. Town of Seneca

or
City of

Registration District No. 35-13 Registered No. 15

(For use of Local Registrar)

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

(2) Full Name of Child Lemuel David Wyle { If child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------|---|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>boy</u> | (4) Twin or Triplet? <u>One</u> <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Aug. 2, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|---|---------------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME Lemuel David Wyle

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Conroe County

(13) OCCUPATION Merchant Clerk

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Julia Reid

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Walhalla S.C.

(19) OCCUPATION Wife

(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 CP.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Skitting

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Seneca 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 Aug 13 1916 (28) J. C. Hopkins 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 BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
J. Caw, of Columbia