

(1) PLACE OF BIRTH

County of Miller

Township of

or

Inc. Town of

or

City of Anderson

(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

20837

Registration District No. 3Registered No. 268

(For use of Local Registrar)

(No. 702 Bleakley St.; Ward)(2) Full Name of Child Annie Marie Lyles If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? <u>Y</u>	4 Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 29, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wm. W. Lyles(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Manager(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Wally McQuibbey(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION House wife(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 Alive at 2:00 A.M., on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))(23) (Signature) S. C. Lyles

(24) State whether Physician or midwife

(25) Address of Physician or Midwife Anderson 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 19 (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.

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