

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.

(1) PLACE OF BIRTH County of <u>Lexington</u> Township of <u>Beul Swamp</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 <div style="font-size: 1.5em; font-weight: bold;">3102</div>		<div style="border: 1px solid black; padding: 5px;"> File No.—For State Registrar Only <div style="font-size: 1.5em; font-weight: bold;">23024</div> </div>	
		Registration District No.		Registered No. <u>62</u> (For use of Local Registrar)	
(No. St.; Ward)					
(2) Full Name of Child <u>John H. Pylant</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 30, 1922</u> (Name of Month) (Day) (Year)	
FATHER (8) FULL NAME <u>William Jackson Pylant</u> (9) PRESENT POSTOFFICE OF FATHER <u>Gaston S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>44</u> (Years) (12) BIRTHPLACE <u>Lexington Co.</u> (13) OCCUPATION <u>Farm</u> (20) Number of children born to mother, including present birth <u>9</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>King</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Gaston S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>38</u> (Years) (18) BIRTHPLACE <u>Lexington Co.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>11 a.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Meldrige X Brown</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Gaston S.C.</u>					
Given name added from a supplemental report <u>John H. Pylant</u> <u>3.1.42</u> 19 .. Registrar		(26) Witness <u>Laurie Brown</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>July 11, 1922</u> (28) <u>J. R. Langford</u> 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.