

Form No 1.

## (1) PLACE OF BIRTH

County of YorkTownship of Bethesdaor  
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

4775

Registered No. 134  
(For use of Local Registrar)

## (2) Full Name of Child

Jas. Edward Hoyle

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF BIRTH

July 23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jas. Hoyle

(9) PRESENT POSTOFFICE OF FATHER

Smiths Co.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

York Co.

(13) OCCUPATION

Farm

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Darcus Timmons

(15) PRESENT POSTOFFICE OF MOTHER

Smiths Co.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17

(18) BIRTHPLACE

York Co.

(19) OCCUPATION

Farm work

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

....., 191.....

.....

Registrar

(26) Witness

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

(27) Filed Jan 24 1916.(28) S. H. Gore

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.

City of Columbia.