

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43700

County of WilliamsTownship of Adamsvilleor
Inc. Town ofor
City ofRegistration District No. 3300Registered No. 59

(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. Martha Ann Lytle { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 3 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME J C Lytle
(9) PRESENT POSTOFFICE OF FATHER Gibson NC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE NC
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth { 2MOTHER.
(14) NAME BEFORE MARRIAGE Mattie Currie
(15) PRESENT POSTOFFICE OF MOTHER Gibson NC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE NC
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth { 2

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) Jan G. Tate(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gibson NC

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 30 1922 (28) A. L. Newton 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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