

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Flam. Field  
 Township of 15  
 or  
 Inc. Town of Monticello  
 or  
 City of S.C.

(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

34311

Registration District No. 169 Registered No. 5-5  
 (For use of Local Registrar)

(2) Full Name of Child David Lee Syle

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

(3) BOY OR GIRL? 13 (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 2, 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robin Syle  
 (9) PRESENT POSTOFFICE OF FATHER Laurens  
 (10) COLOR OR RACE 113 (11) AGE AT LAST BIRTHDAY 43  
 (Year) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Cora Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Laurens  
 (16) COLOR OR RACE 13 (17) AGE AT LAST BIRTHDAY 32  
 (Year) (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Wife

(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 6 P.M. on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)(23) (Signature) Cora Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife St. Johns St.

Given name added from a supplemental report

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

(27) Filed Oct 2, 1922 (28) C. L. H. S. C. 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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