

Form No 1.

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Rocky Lake

Inc. Town of .....

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

50167

Registration District No. 3612 Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Bula Lee Tyler { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 21</u>
<small>Is he named only in case of twins or triplets?</small>				<small>(Name of Month) (Day) (Year)</small>

## FATHER.

(8) FULL NAME E. Nelson Tyler Jr.(9) PRESENT POSTOFFICE OF FATHER Sally S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { ..... 4 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Leora Lee Tyler(15) PRESENT POSTOFFICE OF MOTHER Sally S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5 A.M. on the date above stated. (Born, alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) E. Nelson Tyler Jr.

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

midwife Sally S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1901 (28) J. E. H. Smith 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.

McCaw, of Columbia.