

(1) PLACE OF BIRTH

County of Greenwich

Township of

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.)

(2) Full Name of Child Rosa Lee LytleFile No. - For State Registrar Only
42713CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2209B Registered No. 4305
(For use of Local Registrar)(No. Sampron Bull St. Ward)

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

(3) ~~BOY~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 22 22
(Name of Month) (Day) (Year)

FATHER.

(2) FULL NAME David R Lytle(3) PRESENT POSTOFFICE OF FATHER Greenwich(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 55
(Years)(12) BIRTHPLACE Ga(13) OCCUPATION Textile(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs Mary(15) PRESENT POSTOFFICE OF MOTHER Greenwich(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C(19) OCCUPATION Domestic(21) 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 alive at 3a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
Geo. J. Walker

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) File No. 30-15-22 (28) Local RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this report.
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.