

## (1) PLACE OF BIRTH

County of MyersvilleTownship of Amherstor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18037

Registration District No. 105.3 Registered No. 71  
(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 Brub Docking 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 Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

June 17, 1922  
(Month) (Day) (Year)

## FATHER

8. FULL NAME

Abel Docking

9. PRESENT POSTOFFICE OF FATHER

Gaffney #2

10. COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28  
(Years)

12. BIRTHPLACE

S. C.

13. OCCUPATION

Farmer

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

1

## MOTHER

(14) NAME BEFORE MARRIAGE

Lacey Green

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney #2

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

17  
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Farmer

(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 A. L. Lyle at 8:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary Adams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gaffney #2

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 1, 1922

(28)

H. A. Pritchard  
Local Registrar

\*When there was no attending physician or midwife, when 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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RECEIVED OF COLUMBIA, COLUMBIA, S. C.