

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
75047

(1) PLACE OF BIRTH

County of Union
Township of Santauch

OR
Inc. Town of Registration District No. 4206 Registered No. 10
OR
City of (No.) St.; Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eugene Fisher Lyles } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 24</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Levrette Lyles
(9) PRESENT POSTOFFICE OF FATHER Santauch S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE Union Co
(13) OCCUPATION Farm Labourer
(20) Number of children born to mother, including present birth {/.....

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Sims
(15) PRESENT POSTOFFICE OF MOTHER Santauch S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE Fairfield Co
(19) OCCUPATION House & Farm Work
(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 Born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. B. Johnston
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug 26 1916 (28) R. B. Johnston
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.