

Form No. 2

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registry Only

17389

County of

Township of

or

City of

Registration District No.

Registered No.

(For use of Local Registrar)

(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

Samuel Crawford Lyons

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME

Samuel E. Lyons

(9) PRESENT POSTOFFICE OF FATHER

Lamar S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

44

(12) BIRTHPLACE

Hartsville S.C.

(13) OCCUPATION

Low milling

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

6

MOTHER

(14) NAME BEFORE MARRIAGE

Jessie Birdman

(15) PRESENT POSTOFFICE OF MOTHER

Lamar S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34

(18) BIRTHPLACE

Hartsville S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother, now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Give name added from a supplemental report

(25) Witness

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

(26) Filed

July 16, 1920

(27)

R. J. Chrysler

(28) Local Registrar

19. 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 6th month of pregnancy