

McCauley of Columbia

(1) PLACE OF BIRTH

County of Lancaster
Township of Lancaster
or
Inc. Town of
or
City of (No. St.; Ward)
(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
15631

Registration District No. 7904 Registered No. 68
(For use of Local Registrar)

(2) Full Name of Child Johnie Pyles

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 24 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Will Pyles
(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Lancaster Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER
(14) NAME BEFORE MARRIAGE Lidia Will
(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Lancaster Co. S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 10 0' at 10 0' M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura H. H. H.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report
..... 101.....
.....
Registrar

(26) Witness W. B. H.
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 20 1922 (28) J. B. H. 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.

before the fifth month of pregnancy.

For Registrar Only

30
Registrar
Ward
number
named, make
as directed

2 2
Day (Year)

Dillard

C. R. H.

2 8
(Year)

1 30
M. or P. M.

2 5
or Midwife

40
Registrar
return