

PLACE OF BIRTH

County of Albany  
 Township of Haystack  
 or  
 City of .....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. for this registration  
44004

Registration District No. 2008

Registered No. 9  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward)  
 City of .....

(1) Full Name of Child Rufus Chyde (Supplemental report as directed)

(2) SEX OF CHILD <u>Boy</u>	(3) Type of Report <u>In hospital or other institution</u>	(4) Date of Birth <u>Jan 10 1924</u>	(5) Date of Birth <u>Dec 15 23</u> (Name of Month) (Day) (Year)
(6) FATHER <u>Burney Wiley</u>		(7) MOTHER <u>Leola Lizzie Brown</u>	
(8) PRESENT RESIDENCE OF FATHER <u>Tabor N.C. #2</u>		(9) PRESENT RESIDENCE OF MOTHER <u>Tabor N.C. #2</u>	
(10) COLOR OF CHILD <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u>	(12) COLOR OF MOTHER <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>33</u>
(14) BIRTHPLACE <u>Horry Co. S.C.</u>		(15) BIRTHPLACE <u>Marion Co. S.C.</u>	
(16) OCCUPATION <u>Farm Tenant</u>		(17) OCCUPATION <u>Housewife</u>	
(18) Number of children born to mother, including present birth <u>1</u>		(19) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was .....  
 on the date above stated. (Date always stillborn) (Hour A. M. or P. M.)

(21) (Signature) Ed Lewis MD  
 (22) State whether Physician or Midwife  
 (23) Address of Physician or Midwife  
Tabor N.C. #2

Given name added from a supplemental report	(24) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>E. J. Harbison</u>
	(25) Signed <u>Jan 10 24</u> (26) <u>Ed Lewis</u> 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.

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