

Form No. 3

(1) PLACE OF BIRTH

County of FairfieldTownship of 13

or

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

30099

Registration District No. 1912 Registered No. 15
(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 Bob. Lyles

(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 yes(7) DATE OF BIRTH Sept 5 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Lyles(9) PRESENT POSTOFFICE OF FATHER Blairs SC

(10) COLOR + OR RACE

(11) AGE AT LAST BIRTHDAY 54
(Years)

(12) BIRTHPLACE

Blairs SC

(13) OCCUPATION

farming

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE Blanch Davis(15) PRESENT POSTOFFICE OF MOTHER Blairs SC

(16) COLOR + OR RACE

(17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE

Blairs SC

(19) OCCUPATION

farming

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Sept 5, 1922 at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 19 22

(28)

W. E. DeHoff
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.