

Form No. 1.

(1) PLACE OF BIRTH

County of Fairfield

Township of 4

or  
Inc. Town of .....

City of .....

(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

48355

Registration District No. 1903 Registered No. 1

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 1</u> <u>1904</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME William Lyles

(9) PRESENT POSTOFFICE OF FATHER White Oak

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE Fairfield Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Jones Lyles

(15) PRESENT POSTOFFICE OF MOTHER White Oak

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE Fairfield

(19) OCCUPATION Field hand

(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 Alive At Hour A. M. or P. M.  
on the date above stated. (Born alive or stillborn)

(23) (Signature) Seloy Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

F. A. Neil  
191  
Registrar

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

(27) Filed 191 (28) F. A. Neil  
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.

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.