

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of 11
 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

40146

Registration District No. 1910 Registered No. 1910
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Francis Lyles

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec 1st 1920</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>George Lyles</u>			14) NAME BEFORE MARRIAGE <u>Maryie Robinson</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Winterville</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Winterville S.C.</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>37</u> (Year)	16) COLOR OR RACE <u>White</u>		
12) BIRTHPLACE <u>Winterville S.C.</u>		17) AGE AT LAST BIRTHDAY <u>36</u> (Year)		
13) OCCUPATION <u>Putnam Work</u>			18) BIRTHPLACE <u>Winterville S.C.</u>	
			19) OCCUPATION <u>Farmer & Laborer</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. H. Lyles(24) State whether Obstetrician or Midwife (25) Signature of Obstetrician or Midwife Dr. J. H. Lyles

(Given name added from a supplemental report)

(26) Witness Dr. J. H. Lyles

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

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 Registrar

(27) Filed 12/17/20 (28) J. H. Lyles
 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.