

Form No. 1.

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. or Town of

City of Columbia

(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

91553

Registration District No. 28aRegistered No. 1632
(For use of Local Registrar)(2) Full Name of Child, Paulo Lyles(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH 12 19 1916
(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME Fred Lyles(9) PRESENT POSTOFFICE OF FATHER Columbia SC(10) COLOR OR RACE b.(11) AGE AT LAST BIRTHDAY No (Years)(12) BIRTHPLACE SC(13) OCCUPATION Master(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Schute(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE b.(17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE SC

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6¹⁰ A. M., (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. M. D. H. Dr.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Columbia SC

Given name added from a supplemental report

(26) Witness

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

(27) Filled 1/12/1917(28) E. C. G. G. G. 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

McClaw, of Columbia