

(1) PLACE OF BIRTH

County of Henry
Township of Georgetown
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

42982

Registration District No. 287

Registered No. 127
(For use of Local Registrar)

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

(2) Full Name of Child Therese

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

(3) BOY OR GIRL girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓
To be answered only in event of Twins or Triplets

(6) Are Parents Married? ✓

(7) DATE OF BIRTH June 28 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Tullman Tyler

(9) PRESENT POSTOFFICE OF FATHER Louis, S.C. R. 1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Henry County, S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Strickland

(15) PRESENT POSTOFFICE OF MOTHER Louis, S.C. R. 1

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

(18) BIRTHPLACE Henry County, S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at 400 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. O. H. House

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Louis, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 1 1922 (28) E. H. H. H. H. 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.

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