

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Waller
Township of Liberty
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 3705 Registered No. 68
(For use of Local Registrar)
St.; Ward)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
16393

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

(3) BOY OR GIRL <u>by</u>	(4) Twin or Triplet? <u>No</u> 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>May 14 1932</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>James Carmichael</u>			(14) NAME BEFORE MARRIAGE <u>Edith Simons</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C.R.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C.R.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was Lynnae at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Dr. Sarah Carmichael
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Liberty S.C.R.

Given name added from a supplemental report
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 20 1932 (28) John T. Boyce 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.