

## (1) PLACE OF BIRTH

County of *Wayne*Township of *Waller Creek*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

41223

Registration District No. *7804*Registered No. *707*

(For use of Local Registrar)

(2) Full Name of Child *Raymond Charles Thomas*

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

(1) BOY OR GIRL *Boy*(4) Twin or triplet *No*(3) Number in order of birth *1*(5) Are Parents Married *Yes*(7) DATE OF BIRTH *Dec 25*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *William J. Pyles*(9) PRESENT POSTOFFICE OF FATHER *Lansdale, Pa*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *Barlingham, Pa*(13) OCCUPATION *Teacher*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Minnie Farmer*(15) PRESENT POSTOFFICE OF MOTHER *Lansdale, Pa*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Barlingham, Pa*(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *4*(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* on the date above stated.(23) (Signature) *[Signature]*

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

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *Jan 2 1924* (28) *[Signature]*

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children born in fifth month of pregnancy.