

## (1) PLACE OF BIRTH

County of BarnwellTownship of Blackvilleor  
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  
88450Registration District No. 504 Registered No. 103  
(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Henry Gyles Lancaster } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hum Lancaster(9) PRESENT POSTOFFICE OF FATHER Blackville S.C. RFD(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Blackville Township(13) OCCUPATION Farm(14) NAME BEFORE MARRIAGE Mary Fanning(15) PRESENT POSTOFFICE OF MOTHER Blackville S.C. RFD(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Springfield S.C.(19) OCCUPATION Wife(20) Number of children born to mother, including present birth One(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN

(22) I hereby certify that I attended the birth of this child, who was born at Blackville 1 P. M. on the date above stated. (Born alive or born) (Hour A. M. or P. M.)(23) (Signature) Ryan A. Gyles M.D.(24) State whether Physician or midwife Physician (25) Address of Physician Blackville S.C.

Given name added from a supplemental report

191.....

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Registrar

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

(27) Filed Jan 7 1917 (28) E. S. Hammond 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.

WHITE 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.  
McGraw-Hill of Columbia