

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.

(1) PLACE OF BIRTH

County of Newberry  
Township of No. 11  
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  
**43829**

Registration District No. 3464 Registered No. 79  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twin or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 25, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME George Lyles  
(9) PRESENT POSTOFFICE OF FATHER Pomaria, S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Lumberton, S.C.  
(13) OCCUPATION Laborer  
(20) Number of children born to mother, including present birth 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Carrie Martin  
(15) PRESENT POSTOFFICE OF MOTHER Pomaria, S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(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 Alive at 8 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carrie Martin  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pomaria, S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 24, 1922 (28) R. J. Johnson 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.