

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

27496

Registration District No. 4 A

Registered No.
(For use of Local Registrar)

(No. 291 Tray St. 11 Ward)

(2) Full Name of Child William Cyril Pyle

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

3) BOY OR GIRL?

Boy

4) Twin or Triplet?

To be answered only in event of Twin or Triplet

5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 24 1923
(Name of Month) (Day) (Year)

FATHER.

6) FULL NAME

Louis F Pyle

7) PRESENT POSTOFFICE OF FATHER

291 Tray St

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43
(Years)

(12) BIRTHPLACE

Jamesville Ohio

(13) OCCUPATION

Driller

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Margaret Murray

(15) PRESENT POSTOFFICE OF MOTHER

291 Tray St

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Charleston S C

(19) OCCUPATION

Domestic

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. P. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 76 West ...

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/26 19 23

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.

MISSISSIPPI COLUMBIA S C