

(1) PLACE OF BIRTH

County of Glendale
 Township of Spaulding
 or
 City of Glendale
 or
 City of (No. St.; Ward)
 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
16808

Registration District No. 4008 Registered No. 142
 (For use of Local Registrar)

(2) Full Name of Child Winery Elizabeth Lyda If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 29 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Esau Eugene Lyda
 (9) PRESENT POSTOFFICE OF FATHER Glendale SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION mill owner
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Belle Blackwell
 (15) PRESENT POSTOFFICE OF MOTHER Glendale SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was above at 4 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) William A Smith MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Glendale SC

Given name added from a supplemental report

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

(27) Filed June 8 1922 (28) E. F. Parker Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

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