

MADE REVERSE FOR MOTHER

WARRANT PLAINLY WITH UNFOLDING LINE—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 2.

MADE BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Colleton
 Township of Wichita
 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
921

Registration District No. 1409 Registered No. 28
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Baby Pyle (No. St. Ward)

(3) BOY OR GIRL boy (4) Twin or Triplet? X (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 22
 To be answered only in case of Twins or Triplets (If child is not yet named, make supplemental report as directed)
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Wm. G. G. G.
 (9) PRESENT POSTOFFICE OF FATHER Wichita S.C.
 (10) COLOR OR RACE W. Am (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Colleton Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Logan Newton
 (15) PRESENT POSTOFFICE OF MOTHER Wichita S.C.
 (16) COLOR OR RACE W. Am (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE Colleton Co
 (19) OCCUPATION Housekeeper
 (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 born alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. G. G. G.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wichita S.C.

Given name added from a supplemental report

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

(27) Filed Feb 10 1922 (28) S. H. B. B. B. 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.

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