

Form No. 10.
 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.

(1) PLACE OF BIRTH

County of Union

Township of Akerss Kup

Inc. Town of S. Co.

City of (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 Brother Lyles { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28 1915
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Sam Lyles
 (9) PRESENT POSTOFFICE OF FATHER Akerss Kup S. Co.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Union S. Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Maria Yager
 (15) PRESENT POSTOFFICE OF MOTHER Akerss Kup S. Co.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Union S. Co.
 (19) OCCUPATION House Keeper
 (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 born alive at 5 M.,
 on the date above stated. X (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Bell
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191...
 Registrar

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

(27) Filed 191... (28) Dr. E. F. Mosely 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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CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
44861

Registration District No. 4200 Registered No. 61
 (For use of Local Registrar)