

MAKING THEM TO BE BINDING. WRITE PLAINLY. WITH UNBORN INFANTS IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE 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 Charleston
Township of
or
Inc. Town of Charleston
or
City of
(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
17839

Registration District No. 9 A
Registered No. 809
(For use of Local Registrar)
(No. 94 Ramsey St.; Ward)

(2) Full Name of Child David A. Lyle Jr (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16, 1922</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>David A. Lyle</u>	(14) NAME BEFORE MARRIAGE <u>Oliver Owens</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Ches SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ches SC</u>
(10) COLOR OR RACE <u>wh</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>wh</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Ches Berkeley</u>	(18) BIRTHPLACE <u>Cross SC</u>	(13) OCCUPATION <u>Live man</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Ches at 8:30 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henry J. Wells
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Ches SC

Given name added from a supplemental report

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

(27) Filed 6/27 1922 (28) J. S. McNeill Local Registrar.

15 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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