

Form No. 1

## (1) PLACE OF BIRTH

County of Wm. BurghTownship of Lawor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lisbon Gilyard

File No. - For State Registrar Only

36732

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4305 Registered No. 81

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? ye(7) DATE OF  
BIRTH Sept 10, 22  
(Name) (Month) (Day) (Year)

## FATHER

(8) FULL  
NAMEStepney Gilyard(9) PRESENT  
POSTOFFICE  
OF FATHERLanes S.C.(10) COLOR  
OR  
RACEBlack(11) AGE AT LAST  
BIRTHDAY33  
(Years)

(12) BIRTHPLACE

Salters S.C.

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE  
MARRIAGEOleybell Guiles(15) PRESENT  
POSTOFFICE  
OF MOTHERLanes S.C.(16) COLOR  
OR  
RACEBlack(17) AGE AT LAST  
BIRTHDAY26  
(Years)

(18) BIRTHPLACE

Lanes S.C.

(19) OCCUPATION

Cook(20) Number of children born to  
mother, including present birth2(21) Number of children of this mother  
now living, including present birth2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lisbon Gilyard

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Lanes S.C.Given name added from a supplement-  
tal report

(26) Witness

E. O. Rodey  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed

Oct 12th19 22

(28)

A. R. Moseley

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
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.