

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

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
58797

Registration District No. 604

Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child

Laura Lyngard

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 6 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Moses Lyngard

(9) PRESENT POSTOFFICE OF FATHER

Ft. Marion S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

9

(14) NAME BEFORE MARRIAGE

Belle Truell

(15) PRESENT POSTOFFICE OF MOTHER

Ft. Marion S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. H. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Ft. Marion S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

3/7

1916

(28)

Geo. H. Hocker

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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCaw of Columbia