

Form 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
3882

(1) PLACE OF BIRTH

County of Thurston
Township of Thurston
or
City of Tam Bay

Registration District No. 70.14

Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child

Mary Myers

if birth occurs in a hospital or other institution, give name of same instead of street and number
if child is not yet named, make supplemental report as directed

3 SEX OR AGE
4 TIME OF BIRTH
5 NUMBER OF CHILDREN
6 DATE OF BIRTH
7 NAME OF MONTH
8 DAY
9 YEAR

10 FULL NAME OF FATHER Paul Myers
11 PRESENT POSTOFFICE OF FATHER Barnesbluffs
12 COLOR OR RACE Col
13 BIRTHPLACE Idaho
14 OCCUPATION Farmer
15 Number of children born to mother, including present birth 7

16 NAME OF MOTHER Henretta Myers
17 PRESENT POSTOFFICE OF MOTHER Barnesbluffs
18 COLOR OR RACE Wh
19 BIRTHPLACE Idaho
20 OCCUPATION Farmer
21 Number of children of this mother now living, including present birth 33

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated:

(23) (Signature)
(24) State whether Physician or Midwife

(25) Date of Birth June 12, 1943
(26) Hour A. M. or P. M. 5:20 A.M.

(27) Signature of Physician or Midwife
John C. H. H.

(28) When necessary only, if signed by mark

When necessary only, if signed by mark

When necessary only, if signed by mark