Form No. 1.

(1) PLACE OF BIRTH

County of Georgetown

Township of #5

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
49134

Registration District No. 2104 Registered No. 6
(For use of Local Registrar)

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

(2) Full Name of Child. Eloise Myers

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

(3) BOY OR 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?	(7) DATE OF BIRTH—(Name of Month) (Day) (Year)
Girl			Yes	Jan 26, 1914

FATHER.

(8) FULL NAME Howard Myers

(9) PRESENT POSTOFFICE OF FATHER Plantersville SC

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Georgetown Co # 5

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Miller

(15) PRESENT POSTOFFICE OF MOTHER Plantersville SC.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Georgetown Co # 5

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 6 o'clock A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rebecca Fountain

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Plantersville SC

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed Mar 6 1914 (28) G. L. Ellis
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.
M. D.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.