

(1) PLACE OF BIRTH

County of Florence
 Township of Barn
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7488

Registration District No. 2001 Registered No. 13
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

(2) Full Name of Child

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

3) BOY OR GIRL girl 4) Twin or Triplet? _____ 5) Number in order of birth _____ 6) Are Parents Married? yes 7) DATE OF BIRTH Jan 2 1922
 (Sex of Child) (Date) (Year)

FATHER.

8) FULL NAME John H. Myers

9) PRESENT POSTOFFICE OF FATHER Pamphlet

10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 36 (Year)

12) BIRTHPLACE SC.

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Hattie Myers

15) PRESENT POSTOFFICE OF MOTHER Pamphlet

16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 30 (Year)

18) BIRTHPLACE S.C.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Blereu Davis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pamphlet

Given name added from a supplemental report

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

(27) Filed Jan 10 1922 (28) W. H. Poston 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.