

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.

(1) PLACE OF BIRTH

County of Charleston  
Township of St. James Santee  
or  
Inc. Town of W. H. Hellenauville  
or  
City of .....

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

No. 34153 for State Register July

Registration District No. 906 Registered No. 97  
(For use of Local Registrar)

(2) Full Name of Child Helena Myers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Nov 28 1920  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Myers (10) NAME BEFORE MARRIAGE Lucas  
(9) PRESENT POSTOFFICE OF FATHER Santee (11) PRESENT POSTOFFICE OF MOTHER Santee  
(10) COLOR OR RACE W. H. Hellenauville (11) AGE AT LAST BIRTHDAY 22 (12) COLOR OR RACE W. H. Hellenauville (13) AGE AT LAST BIRTHDAY 21  
(14) BIRTHPLACE Charleston Co (15) BIRTHPLACE Charleston Co  
(16) OCCUPATION May Labor (17) OCCUPATION May Labor

(18) Number of children born to mother, including present birth 2 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(21) (Signature) Betty Beckwith (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Santee

Given name added from a supplemental report .....

(24) Witness .....

(25) Filed Dec 9 1920 (26) Betty Beckwith Local Registrar