

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.

(1) PLACE OF BIRTH			CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>allendale</u>			STATE OF SOUTH CAROLINA		40711	
Township of <u>Sycamore</u>			Bureau of Vital Statistics			
Inc. Town of			State Board of Health			
City of			Registration District No. <u>4608</u>		Registered No. <u>60</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			JONES		(For use of Local Registrar)	
(2) Full Name of Child <u>Simil Myers</u>			(No. St.; Ward)		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>MALE</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 2, 1922</u> (Name of Month) (Day) (Year)		
FATHER.			MOTHER.			
(8) FULL NAME <u>Maxis Myers</u>			(14) NAME BEFORE MARRIAGE <u>Cathie Jones</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Sycamore</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sycamore</u>			
(10) COLOR OR RACE <u>Black</u>			(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)		(16) COLOR OR RACE <u>Black</u>	
(12) BIRTHPLACE <u>Barnwell Co</u>			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		(18) BIRTHPLACE <u>Hampton Co</u>	
(13) OCCUPATION <u>Farm hand</u>			(19) OCCUPATION <u>Farm hand</u>			
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*						
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)						
(23) (Signature) <u>Mary E. P. ...</u>						
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Sycamore</u>						
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
15			(27) Filed <u>Dec 5 1922</u> (28) <u>J. C. Myers</u> Registrar 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.						