

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

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Mingo #9
 Inc. Town of Registration District No. 430.7 Registered No. 15
 or (For use of Local Registrar)
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
66617

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

(3) SEX OR Male (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH June 8 1916
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Myers</u>	(14) NAME BEFORE MARRIAGE <u>Wm. Sessions</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Myersville, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Myersville, SC</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE <u>Same SC</u>	(18) BIRTHPLACE <u>Same SC</u>	(19) OCCUPATION <u>Farmer Wood</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(13) OCCUPATION <u>Woman</u>	(20) Number of children born to mother, 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 Alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. B. Edwards
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife

Given name added from a supplemental report 181.....
 181.....
 Registrar

(26) Witness A. B. Edwards Jr.
 (Signature of Witness necessary only when question 23 is signed by mark)
 6/15 181..... (27) Filed 6/15 181..... (28) H. E. Lusk 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THIS OFFICE, No. 2, etc., in question 2.