

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town

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

46157

Registration District No. 2001

Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child

Julia Ann Marie Myers

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

(3) BOY OR GIRL

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 15-6

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Stephen Myers

(9) PRESENT POSTOFFICE OF FATHER

Forestville S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

32

(12) BIRTHPLACE

Marion Co S.C.

(13) OCCUPATION

Farming

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Julia Thompson

(15) PRESENT POSTOFFICE OF MOTHER

Forestville S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

Marion Co S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

Sylvia M. M. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Forestville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Jan 22 1911

(28) E. L. Montgomery

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.

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.

Sav. of Columbia.