

Form No. 1

(1) PLACE OF BIRTH

County of Colleton  
Township of Newton  
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  
**18288**

Registration District No. 140.7 Registered No. 1891  
(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 Jasper Myers (If child is not yet named, make supplemental report as directed)

3 BOY OR GIRL? <u>Boy</u>	4 Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5 Number in order of birth <u>1</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>June 9, 1902</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8 FULL NAME <u>Jasper Myers</u>			14 NAME BEFORE MARRIAGE <u>John W. H. Myers</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Newton, S.C.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Newton, S.C.</u>	
10 COLOR OR RACE <u>W</u>	11 AGE AT LAST BIRTHDAY <u>4</u> (Years)		16 COLOR OR RACE <u>W</u>	17 AGE AT LAST BIRTHDAY <u>40</u> (Years)
12 BIRTHPLACE <u>S.C.</u>			18 BIRTHPLACE <u>S.C.</u>	
13 OCCUPATION			19 OCCUPATION	
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 ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Myers

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Newton, S.C.

Given name added from a supplemental report

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

(27) Filed June 10, 1902 (28) J. H. Myers 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. THE OTHER, No. 2, etc., in question 5.