

County of Wilmington
City of Jackson
Town of

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

34145

Registration District No. 4704 Registered No. 49
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Full Name of Child James Marion Myers If child is not yet named, make supplemental report as directed

Sex Male (1) Type of Birth Normal (2) Month of Birth July (3) Day of Birth 16 (4) Year of Birth 1927

FATHER.
(1) Name C A Myers
(2) Surname Heiningsworth
(3) Color W (4) Age at last birthday 35
(5) Birthplace KS
(6) Occupation Farmer

MOTHER.
(1) Name Effie Harmon
(2) Surname Heiningsworth
(3) Color W (4) Age at last birthday 35
(5) Birthplace KS
(6) Occupation Housewife

(7) Number of children born to mother, including present birth 5 (8) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who was on the date above stated.

(9) (Signature) A. E. Eaddy (10) Address of Physician or Midwife Jacksonville, SC
(11) State whether Physician or Midwife

Given name added from a supplemental report

(12) Witness (Signature of Witness necessary only when question is signed by father)
(13) Signed July 28, 1927 (14) Local Registrar L. E. Eaddy

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.

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