

(1) PLACE OF BIRTH

County of Barnwell
Township of St. Cyprus
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

84419

Registration District No. 928 Registered No. 1
(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.)

(2) Full Name of Child

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>March 22, 1964</i> (James Mendel) (Jr.)
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FATHER

(8)	FULL NAME	B M Myerson
(9)	PRESENT POSTOFFICE OF FATHER	Helena S.C.
(10)	COLOR OR RACE	(11) AGE AT LAST BIRTHDAY..... Negro (years)
(12)	BIRTHPLACE	
(13)	OCCUPATION	Farm Labor

MOTHER.

(14)	NAME BEFORE MARRIAGE	Jessie Lander
(15)	PRESENT POSTOFFICE OF MOTHER	Brunson S.C.
(16)	COLOR OR RACE	Negro
(17)	AGE AT LAST BIRTHDAY	28 (Years)
(18)	BIRTHPLACE	Brunson S.C.
(19)	OCCUPATION	Farmer Laborer

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:15 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(25) (Signature) Thos. E. Lane
(26) State whether Physician or Midwife | (27) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *11/19/14* (28) *11/19/14* Local Registrar

"When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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."