

## (1) PLACE OF BIRTH

County of AikenTownship of Aiken

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) SEX OR CHILD <u>Girl</u>	(2) Type or Triplet <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Sex of mother <u>yes</u>	(5) DATE OF BIRTH <u>Feb 14 1923</u> (Name of month) (Day) (Year)
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FATHER.		MOTHER.	
(6) REAL NAME <u>John Myers</u>	(14) NAME BEFORE MARRIAGE <u>Willie May Jennings</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Aiken D.C. R7A #12</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Aiken S.D. R7A #10</u>
(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>
(12) BIRTHPLACE <u>Aiken Co. D.C.</u>	(12) BIRTHPLACE <u>Saluda Co. D.C.</u>	(13) OCCUPATION <u>Farm hand</u>	(13) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>2</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... Alive ...at 1:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Aiken, D.C.

Given name added from a supplemental report

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

(27) Filed 2/26/23 (28) [Signature] 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. [Signature]

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.

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

No. 2658

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Section of Columbia, Columbia, S. C.