

Form No. 1

(1) PLACE OF BIRTH

County of Allendale
 Township of Sycamore
 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

19729

Registration District No. 4608 Registered No. 30
 (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 Lela Mae Myers If child is not yet named, make supplemental report as directed

1. SEX
GIRL?4. Twin
or Triplet?5. Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH July 10 1970
(Name of Month (Day) (Year))

FATHER.

8. FULL
NAME9. PRESENT
POSTOFFICE
OF FATHER10. COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY 34
(Years)

12. BIRTHPLACE

13. OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 34
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 at 12.00 A.M.,
 on the date above stated. (Born alive stillborn (Hour A. M. or P. M.))

(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
 tal report

(26) Witness

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

(27) Filed July 20 1970 (28) J. C. Myers

Local Registrar.

If 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.