

THIS IS A PERMANENT RECORD.
 TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 41007	
County of <u>Barnwell</u> Township of <u>Wells</u> OR Inc. Town of OR City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				Registration District No. <u>513</u> Registered No. <u>62</u> (For use of Local Registrar) St.; <u>Dec 4</u> (Ward)	
(2) Full Name of Child <u>Maesh Myers</u> { 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>Dec 4</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>McKinley Myers</u> (9) PRESENT POSTOFFICE OF FATHER <u>Edisto, SC</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) (12) BIRTHPLACE <u>SC</u> (13) OCCUPATION <u>Farmer Hand</u> (20) Number of children born to mother, including present birth <u>1</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Mary Gillis</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Edisto, SC</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>20</u> (Years) (18) BIRTHPLACE <u>SC</u> (19) OCCUPATION <u>Wife and Field Hand</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 <u>born alive</u> at <u>8 A. M.</u> on the date above stated. (23) (Signature) <u>Hogert Necks</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Edisto, SC</u> (26) Witness <u>J. H. Johnson</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Dec 9</u> 19 <u>22</u> (28) <u>J. H. Johnson</u> Local Registrar.					
Given name added from a supplemental report 19 .. 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.