

FORM NO. 3

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
86445

County of Lee

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Township of Mechanicsville

State Board of Health

Inc. Town of Registration District No. 3003 Registered No. 52
(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 Katherine Myers } If child is not yet named, make supplemental report as directed

3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 6 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Benjamin Myers

(14) NAME BEFORE MARRIAGE Marie Cook

(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Lee Co. S.C.

(18) BIRTHPLACE Lee Co. S.C.

(13) OCCUPATION Farming

(19) OCCUPATION House Wif

(20) Number of children born to mother, including present birth } 4

(21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bella P. Bawer

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid wife Bishopville S.C.

Given name added from a supplemental report

(26) Witness C. P. Bawer

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

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(27) Filed 12/3 1916 (28) C. P. Bawer

Registrar

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia