

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

No. 416-26

City of Charleston

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

County of .....

Registration District No. 9  
City of Charleston (Ward) 26  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child: Eliza Meyer

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

(1) Sex: Male  
(6) Date of Birth: 3/26/23  
(7) Parents Married: Yes

FATHER

MOTHER

(3) Full Name: Jack Harold Meyer

(4) Name before Marriage: Rosalie Lewis

(5) Present Postoffice of Father: Charleston

(12) Present Postoffice of Mother: Charleston

(8) Color or Race: White  
(11) Age at Last Birthday: 31 (Years)

(10) Color or Race: White  
(13) Age at Last Birthday: 40 (Years)

(9) Birthplace: Marion S.C.

(14) Birthplace: Summerville

(10) Occupation: Salesman

(15) Occupation: Wife

(16) Number of children born to mother, including present birth: 4

(17) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(19) (Signature) [Signature]

(20) State whether Physician or Midwife (21) Address of Physician or Midwife

[Signature]

Two names added from a supplemental report

(22) Witness [Signature]

(23) Filed 10/23/23 (24) Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.