

(1) PLACE OF BIRTH

County of ShoreTownship of "Inc. Town of "City of "

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52124

Registration District No. 20-D Registered No. 62

(For use of Local Registrar)

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

(2) Full Name of Child E. Annie Myers { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar. 22</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Ezekiel Myers(9) PRESENT POSTOFFICE OF FATHER Shore(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Darlington

(13) OCCUPATION

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Cornelia Myers(15) PRESENT POSTOFFICE OF MOTHER Shore(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Darlington

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Shore on the date above stated. (Hour A. M. or P. M.)(23) (Signature) E. Allen(24) State whether Physician or Midwife Midwife of Shore

Given name added from a supplemental report

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(26) Witness (Signature of witness necessary only when question 23 is signed by mark) M. H. J. Jagers(27) Filed Mar. 25-6 (28) M. H. J. Jagers Local Registrar

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.

MAINTAIN PRESERVED FOR BIRTHING. WITH UNPAID IN—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, No. 1. THE OTHER, No. 2, etc., in question 5.