

FORM NO. 5

(1) PLACE OF BIRTH

County of SumterTownship of Repting Creekor
Inc. Town of
or
City of Laurens

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44800

Registration District No. 4106 Registered No. 108

(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. Sarah Moultrie Myers.

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

Two

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov. 21, 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Benjamin F. Myers

(9) PRESENT POSTOFFICE OF FATHER

Laurens S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Sumter Co S.C.

(13) OCCUPATION

uncle

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

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena Evans

(15) PRESENT POSTOFFICE OF MOTHER

Laurens S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Sumter Co S.C.

(19) OCCUPATION

Housewife

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

M. J. Kirk

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianLaurens S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed Jan 13, 1916(28) W. C. Hall

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.

Registrar I

Local Registrar.

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MARGIN RESERVED FOR INDEXING.
WRITING 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, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

W. B. McCaw