

MAJORS RESERVED FOR BINDING.

FORM NO. 2.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

No. 11.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 6.

Gov. of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		960	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Hartsville</u>		Registration District No. <u>15-B</u>		Registered No. <u>9</u>	
or				(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 <u>Myron Bernhardt Easterling</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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 6 1922</u>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(9) FULL NAME <u>Edwin Easterling</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. Fisher</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Hartsville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hartsville S.C.</u>		
(11) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(12) BIRTHPLACE <u>S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>3</u> (Years)		
(13) OCCUPATION <u>Mail Carrier</u>			(18) BIRTHPLACE <u>Petersburg Va</u>		
(19) OCCUPATION <u>Housewife</u>			(20) OCCUPATION <u>Housewife</u>		
(21) Number of children born to mother, including present birth <u>3</u>			(22) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(23) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>Hartsville S.C.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(24) (Signature) <u>William H. Fisher</u>					
(25) State whether Physician or Midwife <u>Physician</u>					
(26) Address of Physician or Midwife <u>Hartsville S.C.</u>					
(27) Witness (Signature of Witness necessary only when question 24 is signed by mark) <u>Jan 19 22 M. H. Kessen</u>					
(28) Filed <u>Jan 19 22</u> (29) 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.

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