

## (1) PLACE OF BIRTH

County of CharlestonTownship of \_\_\_\_\_  
or \_\_\_\_\_

Loc. Town of \_\_\_\_\_

City of Charleston

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

10279

Registration District No. 9 ARegistered No. 567  
(For use of Local Registrar)

St. \_\_\_\_\_ Ward)

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

(2) Full Name of Child Herman Fredonah Meyers(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Apr 1 1922  
(Name) (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME John C. Meyers(9) PRESENT POSTOFFICE OF FATHER Charleston SS(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE Charleston SS(13) OCCUPATION City Sweeper(14) NAME BEFORE MARRIAGE Azalee Seyle(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Charleston SS(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 5(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M.  
(Hour alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) E.R. Seyle(24) State whether Midwife(25) Address of Physician or Midwife 118 Rockwell St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/15/22

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(28) (Signature of Registrar) W. H. Seale

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.

RECEIVED BY THE STATE BOARD OF HEALTH

OF CHARLESTON

OF SOUTH CAROLINA