

Form No. 1

## (1) PLACE OF BIRTH

County of BambergTownship of Midway

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**12937**Registration District No. 4A...3 Registered No. 13,514  
(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 Jacob + Esau Myers If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>boy</u>	(4) Twin or Triplet <u>twins</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>5-21-23</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Robert Myers

(9) PRESENT POSTOFFICE OF FATHER Bamberg

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25  
(Year)

(12) BIRTHPLACE Bamberg

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Jennie Mae Kearse

(15) PRESENT POSTOFFICE OF MOTHER Bamberg

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28  
(Year)

(18) BIRTHPLACE Bamberg

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... born ... at 1:20 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Stokes

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

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

(27) Filed 5/24/23 (28) At H. Sander 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.

WITH PLAINLY. WITH A SPARKING. THIS IS A PERMANENT RECORD. AND MUST BE KEPT IN A SAFE PLACE. IN THE CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. NO. 1. THEM OTHERS. NO. 2, ETC. IN QUOTED & C.