

THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Charles Town
 Township of
 or
 Inc. Town of
 or
 City of Charles Town
 (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
29172

Registration District No. 9A Registered No. 1295
 (For use of Local Registrar)
No. 7 Grey? Mile? Hospital. Ward

(2) Full Name of Child Philip Meyer

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

(3) BOY OR GIRL boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 1 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Henry Meyer
 (9) PRESENT POSTOFFICE OF FATHER Charles Town, SE
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Charles Town
 (13) OCCUPATION Insurance Agent
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sophie M. Peckham
 (15) PRESENT POSTOFFICE OF MOTHER Charles Town
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Charles Town, SE
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Obstetrician (25) Address of Physic or Midwife 277 Calhoun

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/6 1922 (28) [Signature] 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 OF COLUMBIA, S. C.