

(1) PLACE OF BIRTH  
 County of Anderson STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of Bellon  
 or  
 Inc. Town of Bellon Registration District No. 300  
 or  
 City of Smyth (No. 4 St.; 4 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**62971**

(2) Full Name of Child. Emma Amanda Meyers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH June 20 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Plumer Columbus Meyers  
 (9) PRESENT POSTOFFICE OF FATHER Bellon S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Walthalla S.C.  
 (13) OCCUPATION Spinner Cotton Mill  
 (20) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Sarah Bertha Kay  
 (15) PRESENT POSTOFFICE OF MOTHER Bellon S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Bellon S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M.,  
 (Born alive or stillborn) (Hour M. or P.M.)  
 on the date above stated.

(23) (Signature) W. P. Somers, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Bellon S.C.

Given name added from a supplemental report

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

(27) File July 7 1916 (28) J. P. Carter 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.

MALIGNANT BROMIDE IS THE MAIN INGREDIENT IN A PERMANENT RECORD. WRITE PLAINLY. WITH ENLARGING INK—TEEN IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. NO. 1. THE OTHERS, NO. 2, etc., in question 5. McCaw, of Columbia.