

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or

City of

(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

62971

Registration District No.

300

Registered No.

99

(For use of Local Registrar)

(No. 5mythe

St.; 4 Ward

(2) Full Name of Child.

Emma Amanda Meyers

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

(3) SEX OR
GIRL? *girl*(4) Twin
or Triplet? —(5) Number in
order of birth —

To be numbered only in case of twins or triplets

(6) Are
Parents
Married? *yes*(7) DATE OF
BIRTH *June 20 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Plumer Columbus Meyers

(9) PRESENT
POSTOFFICE
OF FATHER

Belton SC

(10) COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY35
(Years)

(12) BIRTHPLACE

Hatchalla SC

(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

Belton SC

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY34
(Years)

(18) BIRTHPLACE

Belton SC

(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. C. Somers*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Belton S.C.

Given name added from a supplement-
tal report

(26) Witness

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

Registrar

(27) File

July 7 1916

(28)

J. P. Acster

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.

MAILED IN BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

WHITE PLAINLY, WITH ENCLAVING INK—THIS IN A REGISTRATION REQUIRED.

N. B.—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.

McCaw, of Columbia