

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Kershaw</u>		STATE OF SOUTH CAROLINA		90461	
Township of <u>Derago</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2791</u>		Registered No. <u>286</u>	
or				(For use of Local Registrar)	
City of		(No. St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Edna Lee Myers</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 5</u> 19 <u>16</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Myers</u>			(14) NAME BEFORE MARRIAGE <u>Edna Kerrio</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Camden S.C. Rte 1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Camden S.C.</u>		
(10) COLOR OR RACE			(16) COLOR OR RACE		
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(12) BIRTHPLACE <u>Kershaw Co.</u>			(18) BIRTHPLACE <u>Kershaw Co.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Six</u>			(21) Number of children of this mother now living, including present birth <u>Six</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>6</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Laura Henry</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>Dec. 11, 1916</u> (28) <u>W. G. Smith</u> 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.					