

IN THE 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 Hershaw
 Township of Derick
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name 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
90461

Registration District No. 2709 Registered No. 286
 (For use of Local Registrar)

(2) Full Name of Child Edna Lee Myers (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 Dec. 5 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Myers
 (9) PRESENT POSTOFFICE OF FATHER Camden S.C. Rte 1
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Hershaw Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth Six

MOTHER.
 (14) NAME BEFORE MARRIAGE Edna Kerrio
 (15) PRESENT POSTOFFICE OF MOTHER Camden S.C.
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Hershaw Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Laura Henry
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec. 11, 1916 (28) W. G. G. G. 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.