

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

Caw. of Columbia

(1) PLACE OF BIRTH
 County of Charleston
 Township of Old Store
 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
45832

Registration District No. 1206 Registered No. 12
 (For use of Local Registrar)
 City of Sl.; Ward)
 (2) Full Name of Child Salmon Marshall 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 3 (6) Are Parents Married? no (7) DATE OF BIRTH March 17, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur K. Myers
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Myers
 (15) PRESENT POSTOFFICE OF MOTHER Charleston 1203
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Teacher
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. C. A. T.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Jefferson St.

Given name added from a supplemental report

9/10 1916
Edmund
Super Registrar

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

(27) Filed 1/2 1916 (28) J. E. C. A. T. 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.

A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.