

(1) PLACE OF BIRTH  
 County of Lee  
 Township of Clona  
 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  
**90728**

Registration District No. 3025 Registered No. 141  
 (For use of Local Registrar)

(2) Full Name of Child Ollias Myers { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 10 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Frank Myers  
 (9) PRESENT POSTOFFICE OF FATHER Camden S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 1 .....

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Victoria Reed  
 (15) PRESENT POSTOFFICE OF MOTHER Camden S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth { 1 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child who was normal at 3:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. A. C. Johnson  
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
Midwife | Bishopville

Given name added from a supplemental report  
 ..... 191.....  
 .....  
 Registrar

(26) Witness Robert Corbett  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 20 1916 (28) J. F. Corbett 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.

LARGE PRINTED FOR BINDING.  
 THIS FORM, WITH IMPROVED LITHOGRAPHY, IS A PREPARATION OF THE  
 STATE BOARD OF HEALTH, AND IS A NECESSARY ELEMENT FOR EACH CHILD, AND MARK THE  
 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.