

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**89890**

(1) PLACE OF BIRTH

County of .....

Township of Jansburyor  
Inc. Town of .....or  
City of .....

(No. .... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2064Registered No. 75  
(For use of Local Registrar)

(2) Full Name of Child

Galespa Myers

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 4(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 17, 1916  
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

MOTHER.

(8) FULL NAME

Paul Myers

(14) NAME BEFORE MARRIAGE

Henrietta Johnson

(9) PRESENT POSTOFFICE OF FATHER

Barnockburn

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

Weno(11) AGE AT LAST BIRTHDAY 22  
(Years)(16) COLOR OR RACE Weno(17) AGE AT LAST BIRTHDAY 24  
(Years)

(12) BIRTHPLACE

Jansbury

(18) BIRTHPLACE

(13) OCCUPATION

Farming

(19) OCCUPATION

(20) Number of children born to mother, including present birth 4(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 Barnockburn, South Carolina, on the date above stated. \*  
(Born alive or stillborn) Four A. M. or P. M.(23) (Signature) Ann Brooks

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Barnockburn

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 16, 1916

(28)

Dr. Hill  
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.

No. 3.—In case of TWINS OR TRIPLETS use SUPPLEMENTAL REPORT FOR EACH CHILD, and mark with asterisk in question 2. PRINTED AT THE STATE PRINTING HOUSE, COLUMBIA, S. C.