

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 Jansbury

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.)

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

St.; Ward)

(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? X(5) Number in order of birth 4
 (To be answered only in case of Twins or Triplets)(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 17, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Paul Myers

(9) PRESENT POSTOFFICE OF FATHER

Bannockburn

(10) COLOR OR RACE

Weno(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE

Jansbury

(13) OCCUPATION

Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE

Henrietta Johnson

(15) PRESENT POSTOFFICE OF MOTHER

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

(18) BIRTHPLACE

(19) OCCUPATION

(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 Boys at 6 o'clock A.M. (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 Bannockburn

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)

De Nile
 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.