

## (1) PLACE OF BIRTH

County of BambergTownship of 3 Mile

or

Eic. 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

291

Registration District No. 404 Registered No. 2

(For use of Local Registrar)

St. Church Ward(2) Full Name of Child Paul Myers

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

(3) BOY OR GIRL Boy

(4) Was Triple?

(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 8  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Newton Myers(9) PRESENT POSTOFFICE OF FATHER Elmhurst S.C.(10) COLOR OR RACE Wm. (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Ricker Froberg(15) PRESENT POSTOFFICE OF MOTHER Elmhurst S.C.(16) COLOR OR RACE Wm. (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer laborer(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 Born alive at 3 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Emma McMillan(24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife Elmhurst S.C.

Given name added from a supplemental report

(26) Witness M. B. W. M. R.  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 9 (28) M. R. D. Howard  
Local Registrar

before the fifth month of pregnancy.