

(1) PLACE OF BIRTH

County of Florence

Township of Cairo

or
Inc. Town of

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

81498

Registration District No. 2901

Registered No. 201

(For use of Local Registrar)

2) Full Name of Child Ruth 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 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH 8/30/1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. Myers

(9) PRESENT POSTOFFICE OF FATHER Scranton SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE Blossom SC.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Timmons

(15) PRESENT POSTOFFICE OF MOTHER Scranton SC

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Friendfield SC.

(19) OCCUPATION Housewife

(20) 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 alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joannah Rush

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Effingham SC.

Given name added from a supplemental report

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

(27) Filled 15/13 1916 (28) E. L. Montgomer Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.