

(1) PLACE OF BIRTH
 County of Charleston
 Township of

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

File No.—For State Registrar Only
84645

Inc. Town of Registration District No. 9A Registered No. 1473
 or (For use of Local Registrar)
 or
 City of Charleston (No. 36 Carolina St.) St.; (Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James William Meynardie Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 10 1906</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>James Wm Meynardie</u>		(14) NAME BEFORE MARRIAGE <u>Marian M. Lee</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>36 Carolina</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>36 Carolina</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>St. Charleston</u>		(18) BIRTHPLACE <u>SS Florence Co.</u>		
(13) OCCUPATION <u>Boiler - maker</u>		(19) OCCUPATION <u>House</u>		
20) Number of children born to mother, including present birth { <u>1</u> }		21) Number of children of this mother now living, including present birth { <u>1</u> }		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. Darr

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife City

Given name filed from a supplemental report
3/16/42
M. B. W. Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark.)
 (27) Filed 11/19 1916 (28) J. G. Darr 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.

McCraw of Columbia. N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

Reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
 Filed 10/21/70
 Registrar