CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
3175

(1) PLACE OF BIRTH

County of Barnwell
Township of Red Bank
or
Inc. Town of Williston
or
City of .....

Registration District No. 109 Registered No. 6
(For use of Local Registrar)

(No. ..... 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 Sam Myers [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			yes	Feb 17 1926

FATHER		MOTHER	
(8) FULL NAME	Benjamine Myers	(14) NAME BEFORE MARRIAGE	Lee Black
(9) PRESENT POSTOFFICE OF FATHER	Barnwell	(15) PRESENT POSTOFFICE OF MOTHER	Barnwell
(10) COLOR OR RACE	negro	(11) AGE AT LAST BIRTHDAY (Years)	24
(16) COLOR OR RACE	negro	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Barnwell Co	(18) BIRTHPLACE	Barnwell Co,
(13) OCCUPATION	Farming	(19) OCCUPATION	Farming
(20) Number of children born to mother, including present birth	1	(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 4-30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Lee Carter
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Barnwell S.C. Midwife

Given name added from a supplemental report ..... 19....
Registrar

(26) Witness W. R. Barton
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 3 1926 (28) W. R. Barton
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.

M. R. 1—Rev. 1925—10,000—Contract No. 2, 1925. Offices, Nos. 2, etc., in questions 6.

AUTHORITY REQUIRED FOR THIS FORM IS CONTAINED IN SECTION 4 OF AN ACT TO PROVIDE FOR THE REGISTRATION OF VITAL STATISTICS, APPROVED FEBRUARY 24, 1915, AND AMENDED BY ACTS APPROVED MARCH 4, 1919, AND MARCH 13, 1924.