

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		22693	
State Board of Health		Registration District No. 257A...		Registered No. 23...	
County of <u>Harney</u>		Registration District No. 257A...		(For use of Local Registrar)	
Township of <u>Socastee</u>		Registered No. 23...		(For use of Local Registrar)	
or		Registration District No. 257A...		Registered No. 23...	
Inc. Town of		Registration District No. 257A...		Registered No. 23...	
or		Registration District No. 257A...		Registered No. 23...	
City of		Registration District No. 257A...		Registered No. 23...	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. 257A...		Registered No. 23...	
(2) Full Name of Child <u>Harrison Myers</u>		Registration District No. 257A...		Registered No. 23...	
If child is not yet named, make supplemental report as directed		Registration District No. 257A...		Registered No. 23...	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 15, 1922</u>	
To be answered only in case of Twins or Triplets				(Name (Month) (Day) (Year))	
FATHER.			MOTHER.		
(8) FULL NAME <u>Richard Myers</u>			(14) NAME BEFORE MARRIAGE <u>Alice Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Burgess, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Burgess, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>23</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u>			(18) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE <u>Harney Co.</u>			(19) BIRTHPLACE <u>Harney Co.</u>		
(13) OCCUPATION <u>Farmer at home</u>			(20) OCCUPATION <u>Domestic Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>6 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Rina Johnson</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Burgess, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>July 30, 1922</u> (28) <u>B. F. Watter</u> Local Registrar.		
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.