

(1) PLACE OF BIRTH

County of ThomsonTownship of Carrollor Inc. Town of Carrollor City of Carroll

(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 Osco Myers (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age 20 (7) DATE OF BIRTH Sept 26, 23 (Month of Month) (Day) (Year)

FATHER

(8) FULL NAME Anna Myers(9) PRESENT POSTOFFICE OF FATHER Carroll(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Eight

MOTHER

(15) NAME BEFORE MARRIAGE Pearly Thompson(16) PRESENT POSTOFFICE OF MOTHER Carroll(17) COLOR OR RACE Col (18) AGE AT LAST BIRTHDAY 29 (Year)(19) BIRTHPLACE SC(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Myers (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pamphila(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed Oct 1, 1923 (28) W. H. Patton Registrar

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