

Form No. 1

## (1) PLACE OF BIRTH

County of BerkeleyTownship of St. Matthews

Inc. or Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

58815

Registration District No. #700Registered No. 9 mine

(For use of Local Registrar)

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. Lischo Myers

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH May 2

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME Robert Lee Myers(9) PRESENT POSTOFFICE OF FATHER Ridgville SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 41

(Years)

(12) BIRTHPLACE Dorchester SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Smith(15) PRESENT POSTOFFICE OF MOTHER Ridgville SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 39

(Years)

(18) BIRTHPLACE Dorchester SC(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Frances Smith(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Ridgville SC

Given name added from a supplemental report

May 6 1916  
Harry Singletary  
Registrar

(26) Witness

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

(27) Filed May 6 1916(28) Harry Singletary  
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.

MARGIN RESERVED FOR BINDING.

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.

McCaw of Columbia.