

(1) PLACE OF BIRTH

County of Oconee
 Township of Wagner
 or
 Inc. Town of
 or
 City of

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

File No. - for State Registrar Only
22039

Registration District No. 7.50 (Registered No.
 (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 Lilly Grace Myers (If child is not yet named, make supplemental report as directed)

(3) SEX OR girl (4) Type of C (5) Number in Q (6) Are yes (7) DATE OF BIRTH July 18, 1953
 To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME J. B. Myers
 (9) PRESENT POSTOFFICE OF FATHER Walhalla SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19
 (12) BIRTHPLACE Oconee Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Grace Myers
 (16) PRESENT POSTOFFICE OF MOTHER Walhalla S.C.
 (17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 20
 (19) BIRTHPLACE Oconee Co
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was live (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated. (Signature) J. D. Verner M.D. Walhalla SC
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark) K. H. Allen
 (26) 1953 (27) 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.