

(1) PLACE OF BIRTH

County of *Spokane*Township of *Partridge*Inc. Town of *Whitney*

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8587

Registration District No. *4008*Registered No. *26*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Jane Robert Myers*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married *yes*

(7) DATE OF

BIRTH *Feb 14 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Will Miller*(9) PRESENT POSTOFFICE OF FATHER *Whitney SC*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *27*
(Year)(12) BIRTHPLACE *NC*(13) OCCUPATION *Cotton mill operator*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mattie Myers*(15) PRESENT POSTOFFICE OF MOTHER *Whitney SC*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *23*
(Year)(18) BIRTHPLACE *SC*(19) OCCUPATION *Housewife*(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 *alive* at *4 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. Chapman*(24) State whether *Physician or Midwife*(25) Address of Physician or Midwife *Whitney SC*

(26) Given name added from a supplemental report

(28) Witness

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

(27) Filed *Mar. 15 1923*(29) *Mrs. C. F. Parker*
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.

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WRITE PLAINLY. WITH SPACING. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE CARD FOR EACH CHILD. IN CASE OF FIRST-BORN NO. 1 THE OTHER NO. 2, ETC. IN QUESTION 1, WRITE COLUMBIA, COLUMBIA, S. C.