

(1) PLACE OF BIRTH

County of Florence
 Township of Paris
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

Registration District No. 2001

No. 10.—For State Register Only

32123 93
 Registered No.
 (For use of Local Registrar)

City of (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 Emma Myers If child is not yet named, make supplemental report as directed

(3) SEX OR GALT girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married yes (7) DATE OF BIRTH Sept 23 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Leon Myers
 (9) PRESENT POSTOFFICE OF FATHER Pamphico
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Beatrice Pusack
 (15) PRESENT POSTOFFICE OF MOTHER Pamphico
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farmer
 (20) Number of children of this mother now living, including present birth 1

(21) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Emma Myers

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Pamphico, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 2 1923 (28) W. H. Foster Local Registrar

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