

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 1.

(1) PLACE OF BIRTH

County of Barnwell  
 Township of S. W. 1st. Dist.  
 Inc. Town of.....  
 City of.....

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

No. 31784

Registration District No. 349 Registered No. 565  
 (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 Archie Myers Jr. (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov. 17 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Loray Myers  
 (9) PRESENT POSTOFFICE OF FATHER Barnwell  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Eloise Sturgeon  
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Farmer  
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated.  
 (22) (Signature) Ella Braxton  
 (23) Since whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report  
 Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)  
 (26) Signed Nov 20 1923 (27) Mr. Porter

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