(1) PLACE OF BIRTH

County of [illegible]

Township of [illegible]

or

Inc. Town of ..... Registration District No. [illegible] Registered No. 197

(For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29104

(2) Full Name of Child. Abraham Myers | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Jan (Name of Month) 5 (Day) 1910 (Year)
	To be answered only in event of Twins or Triplets			

FATHER.		MOTHER.	
(8) FULL NAME	Myers	(14) NAME BEFORE MARRIAGE	Anna Myers
(9) PRESENT POSTOFFICE OF FATHER	Sukie	(15) PRESENT POSTOFFICE OF MOTHER	Sukie
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY	70 (Years)	(17) AGE AT LAST BIRTHDAY	86 (Years)
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Home Wife
(20) Number of children born to mother, including present birth	12	(21) Number of children of this mother now living, including present birth	11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was [illegible], at 12.30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: [illegible]

(25) Address of Physician or Midwife: [illegible]

Given name added from a supplemental report

..... 191...

..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 25 is signed by mark.)

(27) Filed [illegible] 1916 (28) [illegible] 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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