Form No. 6

WHITE PLAINS, WITH INFANTS ONE—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 OTHERS, No. 2, etc. in question 5.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 42820

(1) PLACE OF BIRTH

County of Spartanburg

Township of Beech Springs

or Inc. Town of .....

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

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

Registration District No. Woods Registered No. 67 (For use of Local Registrar)

(2) Full Name of Child Johnson Means

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 Twins or Triplets)

(5) Number in order of birth 2nd

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 18, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Means

(9) PRESENT POSTOFFICE OF FATHER Spartanburg

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Connie Wheeler

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. F. Houghston M.D.

(24) State whether Physician or Midwife

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

Given name added from a supplemental report .....

..... 19 .... Registrar

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

(27) Filed Oct 1 1923 (28) H B Moore 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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