

Form No. 1.

(1) PLACE OF BIRTH

County of Union  
Township of Jonesville  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**92106**

Registration District No. 4204 Registered No. 91  
(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 Johnson Means { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 30</u> 191 <u>6</u> (Name of Month) (Day) (Year)
--------------------------------	--	------------------------------	--	---

FATHER.

(8) FULL NAME Fate Means  
(9) PRESENT POSTOFFICE OF FATHER Jonesville  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (Years)  
(12) BIRTHPLACE  
(13) OCCUPATION farming  
(20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Learyana Pruitt  
(15) PRESENT POSTOFFICE OF MOTHER Jonesville  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years)  
(18) BIRTHPLACE  
(19) OCCUPATION farming  
(21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) affid  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chilie Davis

Given name added from a supplemental report  
8/24/43 1916  
L. A. Riser M.D.  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 30<sup>th</sup> 1916 (28) L. N. Alexander  
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.

WHEN PLACED IN THE SPACE PROVIDED FOR THE SIGNATURE OF THE REGISTRAR, THIS FORM IS A PERMANENT RECORD. FIRST-BOOK, No. 1. THE OTHER, No. 2. c/c, in question 8.