

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cherokee  
 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  
**20189**

Registration District No. 4002-B Registered No. 112  
 (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 Bessie Means {If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH June 5 19 22  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Grove Means  
 9) PRESENT POSTOFFICE OF FATHER Cherokee  
 10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 27  
 (Years) 12) BIRTHPLACE SC  
 13) OCCUPATION Farming  
 20) Number of children born to mother, including present birth 4

## MOTHER.

14) NAME BEFORE MARRIAGE Montey Jorda  
 15) PRESENT POSTOFFICE OF MOTHER Cherokee SC  
 16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 25  
 (Years) 18) BIRTHPLACE SC  
 19) OCCUPATION Domestic  
 21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... Normal at... 7 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Canton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Cherokee SC

Given name added from a supplemental report

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

(27) Filed June 1922 (28) W. W. Canton 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.