

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of

Spartanburg

Bureau of Vital Statistics

Township of

Walnut Grove

State Board of Health

or
Prec. Town. of

Registration District No.

40/10

Registered No.

31

(For use of Local Registrar)

or

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

Not Named

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

1

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept 3 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Means

(9) PRESENT POSTOFFICE OF FATHER

Moore SC

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

43

(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Leice Horn

(15) PRESENT POSTOFFICE OF MOTHER

Moore SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Union

(19) OCCUPATION

Have Luper

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

12

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

born alive at

5 P. M.

on the date above stated.

(23) (Signature)

J. J. Means

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Fachney St

When name added from a supplemental report

1916
Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed

Sept 5 1916

(28)

W. H. Johnson
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.