

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

79379

Registration District No.

Registered No.

(For use of Local Registrar)

St. Ward

(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

To be answered only in event of twins or triplets

(6) Are Parents Married?

☒

(7) DATE OF BIRTH

Sept 3

(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

Ironing

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Leice Hornum

(15) PRESENT POSTOFFICE OF MOTHER

Moore SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Huron

(19) OCCUPATION

Housekeeper

(20) 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 *alive* at *5* *0* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. J. Means

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

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(26) Name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Sept 5 1916

(28) Local Registrar

W. H. H. H. H.

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.