

(1) PLACE OF BIRTH

County of FairfieldTownship of #1Inc. Town of BlairsCity of Blairs

(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 HealthFile No.—For State Registrar Only
24306Registration District No. 1900 Registered No. 42
(For use of Local Registrar)

(2) Full Name of Child

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 Aug 4, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wack Means
(9) PRESENT POSTOFFICE OF FATHER Blairs, S.C.
(10) COLOR OR RACE Mulatto (11) AGE AT LAST BIRTHDAY 58
(12) BIRTHPLACE Fairfield Co
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Loyce Means
(15) PRESENT POSTOFFICE OF MOTHER Blairs, S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE Fairfield Co
(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lacey C. Crosby(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blairs, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Aug 12, 1923 (28) Mrs C. W. Fancette
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.