

(1) PLACE OF BIRTH

County of NewberryTownship of #3

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3405

File No.—For State Registrar Only

20443Registered No. 92
(For use of Local Registrar)(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 James Willet Means If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 25, 23
(Named Month) (Day) (Year)

FATHER.

(8) FULL NAME James Willet Means(9) PRESENT POSTOFFICE OF FATHER Blair, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Saw mill Laborer.(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Birbie Hawkins(15) PRESENT POSTOFFICE OF MOTHER Blair, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Given name added from a supplemental report)

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

(26) Filed Oct 5 1923 (27) Local Registrar J. B. Whitney

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.