

(1) PLACE OF BIRTH

County of BerkeleyTownship of West of Johnor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(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

Dec. 26, 1922

(Name of Month) (Day) (Year)

(8) FATHER

Thurman Grant

(9) FULL NAME

Thurman Grant

(10) PRESENT POSTOFFICE OF FATHER

Pineopolis - SC

(11) COLOR OR RACE

Colored

(12) BIRTHPLACE

Durham, N.C.

(13) OCCUPATION

Laborer

(14) NAME BEFORE MARRIAGE

Susan Aiken

(15) PRESENT POSTOFFICE OF MOTHER

Pineopolis

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

South Nor

(19) OCCUPATION

Laborer

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

6

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Alvera9 P.M.

(Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Annelle Aiken

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Pineopolis - SC

(26) Witness

B. M. Barron

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

(27) Filed

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(28) Local Registrar

B. M. Barron

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.

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