

Fifth month of pregnancy.

(1) PLACE OF BIRTH

County of Lawrence

Township of Whitman

or
Inc. Town of Whitman

City of Whitman

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

39468

Registration District No. 3402

Registered No. 128
(For use of Local Registrar)

(2) Full Name of Child Louise Grace

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

(3) SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Nov 2 1912
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME L. R. Grant

(9) PRESENT POSTOFFICE OF FATHER Whitman

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Charleston Co.

(13) OCCUPATION mill work

(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Bozelle Mathis

(15) PRESENT POSTOFFICE OF MOTHER Whitman

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Greenwood

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Mathis

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed Nov 12 1912 (28) R. M. Duckett 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.