

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Providenceor
Inc. Town of

City of

(No. St. Ward)
(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

37800

Registration District No. H. 125 Registered No. 9.5
(For use of Local Registrar)(2) Full Name of Child Julia Grant (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>November 2, 1925</u> (Name of month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>David Grant</u>	(14) NAME BEFORE MARRIAGE <u>Julia Dixon</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Laurens S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C.</u>
(10) COLOR OR RACE <u>occ</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>occ</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>A.G.</u>	(18) BIRTHPLACE <u>A.G.</u>	(13) OCCUPATION <u>Ironer</u>	(19) OCCUPATION <u>Ironer</u>
(20) Number of children born to mother, including present birth <u>15</u>	(21) Number of children of this mother now living, including present birth <u>15</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Give name added from a supplemental report

L.A.K. f.s.3/17, 1944

Registrar

(26) Witness William Burkhardt
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 26, 1925 (28) W. J. Caffrey
Local RegistrarWhen 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