

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

(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

Registration District No.

File No. — For State Registrar Only

4830

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD

Girl

(4) Twin or Triplet

1

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Feb

1

1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Grant

(9) PRESENT POSTOFFICE OF FATHER

Holly Hill S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer Hand

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Pearcy Sullivan

(15) PRESENT POSTOFFICE OF MOTHER

Holly Hill S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer Hand

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, four above at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 17 1923

(28)

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.