

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Pendleton  
 or  
 Inc. Town of.....  
 or  
 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

File No.—For State Registrar Only

3079

Registration District No. 312 Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child Grady Alexandra If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 24 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Leland Alexander(9) PRESENT POSTOFFICE OF FATHER Pendleton(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Corrie Green(15) PRESENT POSTOFFICE OF MOTHER Pendleton(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Pickens Co. S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3.30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jamie Hull(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pendleton S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed Mar 15 1922 (28) N. W. Leavitt 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.

MARGIN RESERVED FOR INDEXING.  
 WHITE PLAINLY, WITH INK, IN THE MARGIN, SEPARATE BLANK FOR EACH CHILD, and under the  
 N. B.—In case of FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.