

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 41022	
County of <u>Beaufort</u> Township of <u>Beaufort</u> or Inc. Town of or City of				Registration District No. <u>601</u> Registered No. <u>33</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(No. St.; Ward)	
(2) Full Name of Child <u>Henry Grant</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec. 27, 1922</u> (Name of Month) (Day) (Year)	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>H. Grant</u>			(14) NAME BEFORE MARRIAGE <u>Eppie Grant</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>H.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pritchardville, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>1</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>13</u> (Years)
(12) BIRTHPLACE <u>Beaufort County</u>			(18) BIRTHPLACE <u>Beaufort County</u>		
(13) OCCUPATION <u>H.</u>			(19) OCCUPATION <u>help on farm</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born Alive</u> at <u>3 a. m.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Hester Grant</u>			(25) Address of Physician or Midwife <u>Pritchardville, S.C.</u>		
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>W. F. Stripp</u>		
19 <u>22</u> Registrar			(27) Filed <u>Jan 16</u> 19 <u>23</u> (28) <u>W. F. Stripp</u> Local Registrar		

*When there was no attending physician or midwife, when 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.