

WATER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 If 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 5.

McChaw, of Columbia.

(1) PLACE OF BIRTH

County of SumterTownship of Privateeror
Inc. Town 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

File No. — For State Reg.

2592

Registration District No. 4104 Registered No. 2

(For use of Local Registrar)

2) Full Name of Child Julia Grandison

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

(1) BOY OR GIRL? GIRL

(4) Twin or Triplet?

(5) Number in order of birth 0

(6) Are VSS Parents Married?

(7) DATE OF BIRTH 1-25-1926

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Grandison(9) PRESENT POSTOFFICE OF FATHER Wadswell, S.C.(10) COLOR Colored OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Sumter Co. S.C.(13) OCCUPATION FARMING(14) Number of children born to mother, including present birth 1. ELVED

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Wiley(15) PRESENT POSTOFFICE OF MOTHER Wadswell, S.C.(16) COLOR Colored OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Sumter Co. S.C.(19) OCCUPATION Housewife in Field Work.(20) Number of children of this mother now living, including present birth 1. SAVAN

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive as 10 PM. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter, S.C. No. 2.

Given name added from a supplemental report

(26) Witness [Signature] when question 22 is signed & marked(27) Filed 1-31-1926 (28) [Signature] 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.

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