

## (1) PLACE OF BIRTH

County of

Charleston

Township of

Johns Island

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

88849

Registration District No.

905-

Registered No.

130

(For use of Local Registrar)

(No. St.; Ward)

## (2) Full Name of Child

Ernie Grimball

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

(3) ~~Boy or~~  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth  
To be answered only in case of Twins or Triplets(6) Are  
Parents  
Married?(7) DATE OF  
BIRTHDec. 21 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Illegitimate

(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Celia Grimball

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Johns Island

(16) COLOR  
OR  
RACE

negro

(17) AGE AT LAST  
BIRTHDAY (Years)

15-

(18) BIRTHPLACE

Johns Island

(19) OCCUPATION

Farm laborer

(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 born alive at 8 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

Kate Wright

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Johns Island

Given name added from a supplement  
report

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Registrar

(26) Witness

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

(27) Filed

Jan. 12 1917

(28)

W. C. Hills

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.