

Form No. 8

(1) PLACE OF BIRTH

County of BeaufortTownship of Blufftonor
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 601 Registered No. 51
(For use of Local Registrar)

FILE NO. For State Registrar Only

31836(2) Full Name of Child Henry Grant
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Age Parents Married? (7) DATE OF BIRTH March 2, 1962
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>James Grant</u>	(14) NAME BEFORE MARRIAGE <u>Sue Fuller</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Blitchardville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blitchardville, S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Beaufort County, S.C.</u>	(18) BIRTHPLACE <u>Beaufort County, S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated.
(How, above, stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Gillson
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Blitchardville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is checked)

(27) March 12, 1962 (28) W. J. Smith