

Form No. 1

## (1) PLACE OF BIRTH

County of York

Township of .....

OR  
Inc. Town of .....OR  
City of Rock Hill(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32702

Registration District No. 44 BRegistered No. 176  
(For use of Local Registrar)

## (2) Full Name of Child

Sam Grant

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?

(7) DATE OF BIRTH

July 16 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Sam Grant

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill SC

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Laborer

## MOTHER

(14) NAME BEFORE MARRIAGE

Mary Grant

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill SC

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 18  
(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Laborer

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

2

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles W. Smith

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/2722

(28)

W. H. Smith

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.

N. H.—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.