

## (1) PLACE OF BIRTH

County of

Township of

OR  
Inc. Town of  
OR  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42003

Registration District No.

1876

Registered No.

120

(For use of Local Registrar)

City of

(No.

St.;

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Pearl Dupont Grant

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

(3) BOY OR  
GIRL?

Boy

(4) Twin  
or Triplet?

Is he entered only in case of Twin or Triplet?

(5) Number in  
order of birth(6) Are  
Parents  
Married?

Yes

(7) DATE OF  
BIRTH

Oct. 29

1912

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Herbert F. Grant

(9) PRESENT  
POSTOFFICE  
OF FATHER

Residence P.O.

(10) COLOR  
OR  
RACE

White

(11) AGE AT LAST  
BIRTHDAY

31

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

5

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Bertha Ann Fields

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Residence P.O.

(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY

24

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) 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 *Pearl Dupont Grant* at *10:30* P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Geo. W. Seale

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

191

Registrar

(26) Witness

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

(27) Filed

Dec 22 1912

(28)

R. M. Jones

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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