

MARGIN RESERVED FOR BINDING.
 WRITING PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OFFICE, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Charleston
 Township of Johns Island
 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
3483

Registration District No. 915 Registered No. 7
 (For use of Local Registrar)

(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 Barnett Grant (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	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>Yes</u>	<u>Feb. 24, 22</u> (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Junior R. Grant
 (9) PRESENT POSTOFFICE OF FATHER Johns Island
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
 (Years)
 (12) BIRTHPLACE Johns Island
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Maggie Whelton
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Johns Island
 (19) OCCUPATION House Laborer
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Celia Christine
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report _____
 (26) Witness (Signature of Witness necessary only when (question 22 is signed by mark)

 (27) Filed March 24, 22 Local Registrar Mrs. C. H. Hills

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.

State of Columbia, Columbia, S. C.