

MARGIN RESERVED FOR BINDING.
 WRITED HANDS, 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 8.
 STATE OF SOUTH CAROLINA, S. C.

(1) PLACE OF BIRTH
 County of Charleston
 Township of Johns Island
 Inc. Town of
 or
 City of (No. St. Ward)
 (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
3483

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

(2) Full Name of Child Carroll 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? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 24, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Junior R. Grant</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Whelton</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Johns Island</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Johns Island</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Johns Island</u>	(18) BIRTHPLACE <u>Johns Island</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Harbor Laborer</u>			
(20) Number of children born to mother, including present birth <u>Four</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(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)
Mrs. C. H. Hills

(27) Filed March 24, 22 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.