

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Beech Springs
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

91761

Registration District No. 40-R Registered No. 216
 (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 Claney Grim (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 6, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Grim

(9) PRESENT POSTOFFICE OF FATHER Inman, S.C. R-3

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Spartanburg Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Leitha Tate

(15) PRESENT POSTOFFICE OF MOTHER Inman, S.C. R-3

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE Spartanburg Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Grim

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Inman R-3

Given name added from a supplemental report

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

(27) Filed Dec 13, 1916 (28) Ed. Myers 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.