

(1) PLACE OF BIRTH

County of Charleston

Township of

or Town of

City of Charleston S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10260

Registration District No. 2ARegistered No. 516
(For use of Local Registrar)

St. Ward)

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

(2) Full Name of Child Viola Grant

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

3) BOY OR GIRL girl(4) Twin or Triplet? one(5) Number in order of birth one(8) Are Parents Married? Yes

(7) DATE OF BIRTH

April 6, 1922
(Name of Month) (Day) (Year)

FATHER.

3) FULL NAME

Joseph Grant

3) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 22
(Year)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Anderson

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 17
(Year)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

House work

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was Alive at 6.2 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

J. Susan Anderson

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

113 - News Alley

Given name added from a supplemental report

(26) Witness

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

(27) Filed

4/10 1922

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.