

Form No. 1.

(1) PLACE OF BIRTH

County of ChesterTownship of Lunville

Inc. Town of

City of

(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

51677

Registration District No. 1106 Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child Sarah Rebecca Grant ... } 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>mar 7 1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John M. Grant(9) PRESENT POSTOFFICE OF FATHER Rockman, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Chester Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Eliza Knox(15) PRESENT POSTOFFICE OF MOTHER Rockman, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Chester Co(19) OCCUPATION Domestic(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 alive, at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. Jordan, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rehburg S.C.

Given name added from a supplemental report

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

(27) Filed Mar 10 1916 (28) S. Jordan 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M.D.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.