

Form No. 10. MARGIN RESERVED FOR PRINTING. WHITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child and mark the McCaw. of Columbia FIRST-BORN. No. 1. THE OTHER. No. 2. etc. in question 5.

(1) PLACE OF BIRTH
 County of Beaufort STATE OF SOUTH CAROLINA.
 Township of St. Helena Bureau of Vital Statistics
 State Board of Health
 Inc. Town of Registration District No. 604
 City of (No.) Registered No. 100
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

File No.—For State Registrar Only
63230

(2) Full Name of Child Fred Grant { If child is not yet named, make supplemental report as directed

(3) SEX OR <u>Male</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>6 21 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Legitimate</u>	(14) NAME BEFORE MARRIAGE <u>Maryie Grant</u>	(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Proy Mount, S.C.</u>	(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY	(12) BIRTHPLACE	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Beaufort Co</u>
(13) OCCUPATION	(19) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hagar Shepard
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife
Frogmouth

Given name added from a supplement-
 al report 191.....
 Registrar

(26) Witness A. J. Davis
(Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed 6/27 1916 (28) F. G. Sears
 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.
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