

(1) PLACE OF BIRTH

County of Darlington

Township of

or Inc. Town of

City of Darlington

(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

41927

Registered No. 140

(For use of Local Registrar)

(2) Full Name of Child Ernest W. Cullough Grant If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 9, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Grant(9) PRESENT POSTOFFICE OF FATHER Darlington, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Grayman(14) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Thomas(15) PRESENT POSTOFFICE OF MOTHER Darlington, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 8:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Darlington, S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed Jan 1, 1923

(28)

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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