

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 6.

(1) PLACE OF BIRTH

County of James Island  
 Township of James Island  
 or  
 Inc. Town of James Island  
 or  
 City of James Island

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17929

Registration District No. 904 Registered No. 49  
 (For use of Local Registrar)

City of James Island (No. 904 St.; 49 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James 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 10 19 22  
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME James Grant  
 9 PRESENT POSTOFFICE OF FATHER James Island  
 10 COLOR OR RACE Black 11 AGE AT LAST BIRTHDAY 31 (Years)  
 12 BIRTHPLACE James Island S.C.  
 13 OCCUPATION unemployed  
 20 Number of children born to mother, including present birth 2

MOTHER.

14 NAME BEFORE MARRIAGE Florence Rogers  
 15 PRESENT POSTOFFICE OF MOTHER James Island  
 16 COLOR OR RACE Black 17 AGE AT LAST BIRTHDAY 31 (Years)  
 18 BIRTHPLACE James Island  
 19 OCCUPATION Housewife  
 21 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Wilkes  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife James Island

Given name added from a supplemental report

Book Sealbrook  
 Registrar

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

(27) Filed 10 19 22 (28) R. T. Smith 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.