

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Union
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

42280

Registration District No. 3616 Registered No. 67
 (For use of Local Registrar)

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

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Pigeon Grant</u>			14) NAME BEFORE MARRIAGE <u>Addie Grant</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Cope S B R 2d</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Cope S E R 2d</u>	
10) COLOR OR RACE <u>Colored</u>	11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	16) COLOR OR RACE <u>Col. ad</u>	17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
12) BIRTHPLACE <u>Orangeburg, S. C.</u>			18) BIRTHPLACE <u>Orangeburg, S. C.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>Two</u>			21) Number of children of this mother now living, including present birth <u>One</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) Nora McMichael(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cope S E R 2d

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 5 1923(28) R. K. McHenry 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.