

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N. E.—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 5.

(1) PLACE OF BIRTH

County of Greenville

Township of

OR Inc. Town of Pinetown HillOF Greenville S.C.

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Engine Marshall Grant(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH March 19, 1922

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME Engine M. Grant(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Textile(20) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Lorah Jane Bell(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Murray Ga.(19) OCCUPATION Domestic(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 or stillborn at 1 P.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) W. A. Dick(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville 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 19, 1922 (28) J. H. M. M. M. 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34687

Registered No. 360

(For use of Local Registrar)

Registration District No. 21-000(No. 528 Street Superior)St. Superior Ward 1(2) Full Name of Child Engine Marshall 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 2(6) Are Parents Married? Yes(7) DATE OF BIRTH March 19, 1922

(Name of Month) (Day) (Year)

FATHER.

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

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