

IN THE 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

Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17949

County of Charleston

Township of St. Stephen

or

Inc. Town of.....

or

City of North Charleston

Registration District No. 207 Registered No. 109

(For use of Local Registrar)

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

(2) Full Name of Child Sarah Grant

If child is not yet named, make supplemental report as directed

3 BOY OR GIRL Girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH May 13 19 22

To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Cyrus Grant

9 PRESENT POSTOFFICE OF FATHER North Chas.

10 COLOR OR RACE Col. 11 AGE AT LAST BIRTHDAY 24 (Year)

12 BIRTHPLACE Ten Mile Hill

13 OCCUPATION Phosphate Lainer

20 Number of children born to mother, including present birth One

MOTHER.

14 NAME BEFORE MARRIAGE Alma Bell

15 PRESENT POSTOFFICE OF MOTHER North Chas.

16 COLOR OR RACE Col. 17 AGE AT LAST BIRTHDAY 21 (Year)

18 BIRTHPLACE Adams Run

19 OCCUPATION Housework

21 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Harold Bacon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 12 1922 (28) G. F. Myers 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.

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.