

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. St. M.
 or
 Inc. Town of.....
 or
 City of.....
 (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

41394

Registration District No. 909 Registered No. 213
 (For use of Local Registrar)

(2) Full Name of Child

Raphael 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 1, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Grant
 (9) PRESENT POSTOFFICE OF FATHER Liberty Hill S.C.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Charleston Co.
 (13) OCCUPATION Laborer at Navy Yd.
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Loula Simmons
 (15) PRESENT POSTOFFICE OF MOTHER Liberty Hill S.C.
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE Charleston Co.
 (19) OCCUPATION Housework
 (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 5 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Bennett

(24) State whether Physician or Midwife R. 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 Dec 4, 1922 (28) C. 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.

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