

(1) PLACE OF BIRTH

County of ColletonTownship of Brothertonor
Inc. Town ofor
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 Allie GrantFile No.—For State Registrar Only
24097

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 14.03 Registered No. 33
(For use of Local Registrar)(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 13, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edman Grant(9) PRESENT POSTOFFICE OF FATHER Lodge S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Allie Grant(16) PRESENT POSTOFFICE OF MOTHER Lodge S.C.(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 24
(Years)(19) BIRTHPLACE S.C.(20) OCCUPATION House wife(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 Allie at 7 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy Johnson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lodge 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 Aug 25 23 (28) Mrs. G.W. Godley 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.