

PLACED WITH UNPAID IN—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS, MAKE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(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 2632	
County of <u>Sumter</u> Township of <u>Stateburg</u> or Inc. Town of or City of		Registration District No. <u>41.09</u>		Registered No. (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 <u>James Grant Jr.</u>				(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 5 1922</u> (Name of Month) (Day) (Year)	
FATHER (8) FULL NAME <u>James Grant Sr.</u> (9) PRESENT POSTOFFICE OF FATHER <u>Habell, S.C.</u> (10) COLOR OR RACE <u>col</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) (12) BIRTHPLACE <u>Sumter S.C.</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>2</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Erleina Sanders</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Habell, S.C.</u> (16) COLOR OR RACE <u>col</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Years) (18) BIRTHPLACE <u>Sumter S.C.</u> (19) OCCUPATION <u>Farm laborer</u> (21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1 P.M.</u> on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))					
(23) (Signature) <u>James Grant Sr.</u> (24) State whether Physician or Midwife <u>father</u> (25) Address of Physician or Midwife <u>Habell S.C.</u>					
Given name added from a supplemental report 19 Registrar			(26) Witnesses (Signature of Witness necessary only when question 23 is signed by mark; (27) Filed <u>Jan 15 1922</u> (28) <u>Benj. Sanders</u> 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.					

Revised by Columbia, Columbia, S. C.