

## (1) PLACE OF BIRTH

County of WayneTownship of Lincolnton

or Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3301

File No. — For State Registrar Only

21851

Registered No. 91  
(For use of Local Registrar)(2) Full Name of Child Reuben Grant  
(No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)(3) Full Name of Child Reuben Grant (If child is not yet named, make supplemental report as directed)(4) Sex Boy (5) Twin or Triplet 1 (6) Number in order of birth 1 (7) Age Parents Married yes (8) DATE OF BIRTH 11/18/23  
(Name of Month) (Day) (Year)FATHER. (9) FULL NAME Will Grant (10) PRESENT POSTOFFICE OF FATHER Lincolnton S.C. (11) AGE AT LAST BIRTHDAY 30 (Year) (12) COLOR OR RACE W (13) BIRTHPLACE North Carolina (14) OCCUPATION Miner (15) MOTHER. (16) NAME BEFORE MARRIAGE Mary McCallum (17) PRESENT POSTOFFICE OF MOTHER Lincolnton S.C. (18) COLOR OR RACE W (19) AGE AT LAST BIRTHDAY 33 (Year) (20) BIRTHPLACE Wayne County (21) OCCUPATION Domestic (22) Number of children of this mother now living, including present birth 4CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (23) I hereby certify that I attended the birth of this child, who was born alive at 11:15 AM on the date above stated. (24) State whether Physician or Midwife (25) Address of Physician or Midwife(26) Signature [Signature] (27) State South Carolina

Given name added from a supplemental report (28) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(29) File 11/18/23 (30) 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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