(1) PLACE OF BIRTH

County of Chesterfield

Township of Patrick S.C.

or

Inc. Town of .....

or

City of ..... (No. ..... St. ..... Ward)

(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

STATE—To Be Registered No. 6490

Registration District No. 1202 Registered No. 7 (For use of Local Registrar)

(2) Full Name of Child Baxter Grauls ..... If child is not yet named, make supplemental report as directed.

(3) SEX OF CHILD boy

(4) Twin or Triplet triplet

(5) Number in order of birth 1

To be answered only in case of Twin or Triplet

(6) Are twins living? no

(7) DATE OF BIRTH Feb. 4 1923 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Jim Grauls	(14) NAME BEFORE MARRIAGE Rachel Purdis
(9) PRESENT RESIDENCE OF FATHER Patrick S.C.	(15) PRESENT RESIDENCE OF MOTHER Patrick S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE
(13) OCCUPATION Farming	(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth 14	(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 2:30 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Amy Campbell midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Apr. 9, 1923 (28) J. A. Davis

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.