

(1) PLACE OF BIRTH

County of

Pickens

Township of

Casley

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *3702*Registered No. *29*
(For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. For State Registrar Only
16365(2) Full Name of Child *Harold Christopher*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

May 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Christopher C. Grant

(9) PRESENT POSTOFFICE OF FATHER

Casley R # 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Mechanic for road work

MOTHER

(14) NAME BEFORE MARRIAGE

Mattie Holcombe Willis

(15) PRESENT POSTOFFICE OF MOTHER

Casley R # 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *9* P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Casley*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 1, 1922

(28)

Registrar

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.

before the fifth month of pregnancy.

N. B. - In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.