

(1) PLACE OF BIRTH

County of Pickens  
Township of Casley  
or  
Inc. Town of .....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. For State Registrar Only  
**16365**

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

(2) Full Name of Child Arnold Christopher } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 16 1922  
To be assured only in case of Twins or Triplets (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  
(12) BIRTHPLACE SC  
(13) OCCUPATION Mechanic for road work  
(20) Number of children born to mother, including present birth 1

**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  
(18) BIRTHPLACE SC  
(19) OCCUPATION Domestic  
(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) J. G. Bell  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Casley

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by .....)  
(27) Filed June 1 1922 (28) .....  
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.

McGraw-Hill Publishing Co. In some editions of this form a separate blank for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.