

(1) PLACE OF BIRTH

County of Greenville

Township of

or Town of

City of Greenville

(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

File No.—For State Registrar Only

3975

Registration District No. 22 ARegistered No. 88

(For use of Local Registrar)

Ward

(No. 216 North)

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

(2) Full Name of Child Rosa Brittain Grisham

(3) BOY OR GIRL

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Name of Month (Day) (Year)

FATHER.

(8) FULL NAME Andrew Grisham(9) PRESENT POSTOFFICE OF FATHER CS(10) COLOR OR RACE N(11) AGE AT LAST BIRTHDAY 39(12) BIRTHPLACE SR(13) OCCUPATION labor(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Otha Morgan(16) PRESENT POSTOFFICE OF MOTHER CS(17) COLOR OR RACE N(18) AGE AT LAST BIRTHDAY 32(19) BIRTHPLACE SL(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as 7:40 a.m. (Born alive or stillborn) (Hour A.M. or P.M.)

on the date above stated.

(23) (Signature) W. J. Motte

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 5 1925(28) C. E. Smith

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.