

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH LEADING INK—THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH

County of Cornell
 Township of W. N. C. H.
 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

11461

Registration District No. 3504 Registered No. 37 #8
 (For use of Local Registrar)

(2) Full Name of Child

Mary Grant

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin <u>yes</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>8-15-23</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Will Grant</u>			(14) NAME BEFORE MARRIAGE <u>Annie Mack</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Seneca</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Seneca</u>	
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Cornell</u>			(18) BIRTHPLACE <u>Cornell</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... about at 2 P. M.,
 on the date above stated. (Res. alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) 1388 Sharp
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Seneca St

(Given name added from a supplemental report)
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed 4/10/23 (28) J. H. P. H. H. 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.

Registrar 11461
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