

FILE IN THIS COLUMN BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 8.

(1) PLACE OF BIRTH  
County of Greenville STATE OF SOUTH CAROLINA  
Township of ..... Bureau of Vital Statistics  
or ..... State Board of Health  
Inc. Town of .....  
or .....  
City of Mauldin (No. 7 Bennett St.; ..... Ward)  
(If birth occurs in a hospital or of institution, give name of place instead of street and number.)

File No. - For State Registrar Only  
**7716**

Registration District No. 2209B Registered No. 92  
(For use of Local Registrar)

(2) Full Name of Child Anna Ruth Bryant (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age 2 1/2 (7) DATE OF BIRTH Jan 5 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Robert M. Grant (14) NAME BEFORE MARRIAGE Acety Washup

(9) PRESENT POSTOFFICE OF FATHER Greenville (15) PRESENT POSTOFFICE OF MOTHER Greenville

(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 22 (16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 22  
(1 year) (1 year)

(12) BIRTHPLACE N.C. (18) BIRTHPLACE N.C.

(13) OCCUPATION Teacher (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (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 Living at 10:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) H. P. [illegible]  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Mar 5 1922 (28) Miss May Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.