

(1) PLACE OF BIRTH

County of SumterTownship of Stateburg

or

Inc. Town of

or

City of

(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

79529

Registration District No. 4109 Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child Maggie Lena Grant

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 9, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wallace Grant(9) PRESENT POSTOFFICE OF FATHER Palmetto, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE ella Richardson(15) PRESENT POSTOFFICE OF MOTHER Palmetto, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION farm labourer(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 alive, at 1 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wallace Grant

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

fatherPalmetto, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Sept. 19, 1916 (28) Bert Sanders 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.