

## (1) PLACE OF BIRTH

County of

Savannah  
3 mile

Township of

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

10018

Registration District No.

404

Registered No.

26

(For use of Local Registrar)

St.

Ward

(No.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Germanese Grant

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

twin

(5) Number in order of birth

14

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

April 17, 1922

MOTHER

(8) FULL NAME

Alex Grant

(14) NAME BEFORE MARRIAGE

Lizzie Walker

(9) PRESENT POSTOFFICE OF FATHER

Alar S b

(15) PRESENT POSTOFFICE OF MOTHER

Alar S b

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

47

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

S b

(18) BIRTHPLACE

S b

(13) OCCUPATION

Farming

(19) OCCUPATION

Housework

(20) Number of children born to mother, including present birth

14

(21) Number of children of this mother now living, including present birth

11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was on the date above stated.

1501 S. Ave. 345 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Josephine Breland

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Alar S b

Given name added from a supplemental report

(26) Witness

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

(27) Filed

April 28, 1922

(28)

M. D. Kinard  
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.