

## (1) PLACE OF BIRTH

County of Maitland

Township of .....

Inc. Town of .....

City of Barnettville

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

(2) Full Name of Child Ludie Grant

File No.—For State Registrar Only

43676

Registration District No. 33A Registered No. 125  
(For use of Local Registrar)

(No. .... St.; ..... Ward)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 1 1932</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Jessie L. Grant(9) PRESENT POSTOFFICE OF FATHER Barnettville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ann J. Brown(15) PRESENT POSTOFFICE OF MOTHER Barnettville, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Maitland S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie L. Sears(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnettville, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 18 1932 (28) Ms. J. White 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.