

(1) PLACE OF BIRTH

County of Camden

Township of

or
Inc. Town ofor
City of Camden

(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

12911

Registration District No. 4 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Frankie Robert Grimes (If child is not yet named, make supplemental report as directed)

(3) SEX <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 2, 1929</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Walter Grimes(9) PRESENT POSTOFFICE OF FATHER Camden(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Camden(13) OCCUPATION Saw Mill(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Frankie R. Allen(15) PRESENT POSTOFFICE OF MOTHER Camden(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Camden(19) OCCUPATION Domestic(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 born alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maria Frank(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Camden

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6/11/29 (28) John Brown 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.