

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Conee  
 Township of Cenote  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
**23333**

Registration District No. 2400 Registered No. 94  
 (For use of Local Registrar)

(2) Full Name of Child Ellis 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 10, 1922  
 (Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Ellis Grant  
 (9) PRESENT POSTOFFICE OF FATHER Westminster  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Year) .....  
 (12) BIRTHPLACE Conee  
 (13) OCCUPATION  farming

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ellis  
 (15) PRESENT POSTOFFICE OF MOTHER Westminster  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Year) .....  
 (18) BIRTHPLACE Conee  
 (19) OCCUPATION Housekeeping

(20) Number of children born to mother, including present birth 1  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Eade Mc  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report .....  
 ..... 19 ..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed July 21, 22 (28) A. P. Martin 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.

Registrar .....  
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