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(1) PLACE OF BIRTH
 County of Harlem
 Township of Watts
 or
 Inc. Town of
 or
 City of Watts
 (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
85555

Registration District No 2001 Registered No. 120
 (For use of Local Registrar) St.; Ward)

(2) Full Name of Child Willie Crum Grant } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 29 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J R Grant
 (9) PRESENT POSTOFFICE OF FATHER Crum SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Crum SC
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Certerby White
 (15) PRESENT POSTOFFICE OF MOTHER Crum SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Lyman SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary J. Gull
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Crum SC

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness Virginia Jones
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Elected Nov 24 1916 (28) E L Montgomery
 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.
 McCaw, of Columbia. THIS IS A PERMANENT RECORD.