

(1) PLACE OF BIRTH

County of Bamberg

Township of

Inc. Town of

City of B

(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

Registration District No. 400No. 2876

2876

Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child George Grimes

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

(a) SEX OF CHILD Boy(b) Type of birth Normal(c) Number in order of birth 1(d) Is living yes(e) DATE OF BIRTH Feb 17, 1923

FATHER.

(a) FULL NAME George Grimes(b) PRESENT RESIDENCE OF FATHER Bamberg(c) COLOR OF FATHER Col(d) AGE AT LAST BIRTHDAY 24

(Year)

(e) BIRTHPLACE Bamberg(f) OCCUPATION Farmer(g) Number of children born to mother, including present birth 3

MOTHER.

(a) FULL NAME Herta Washington(b) PRESENT RESIDENCE OF MOTHER Bamberg(c) COLOR OF MOTHER Col(d) AGE AT LAST BIRTHDAY 23

(Year)

(e) BIRTHPLACE Bamberg(f) OCCUPATION Farm hand(g) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (born alive or stillborn) (born A. M. or P. M.)(2) (Signature) Rebecca Stone(3) State whether Physician or Midwife Midwife(4) Address of Physician or Midwife Bamberg

(5) Given name added from a supplemental report

(6) Witness

(Signature of witness necessary only when question 5 is to be signed by him)

John Cane

(7) When taken

(If a child is born)