

(1) PLACE OF BIRTH
County of Charleston
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
88707

or
Inc. Town of Registration District No. 9A Registered No. 1386
(For use of Local Registrar)
or
City of Charleston (No. 127 Smith St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Larry Grunk { 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 Nov, 11, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Grunk
(9) PRESENT POSTOFFICE OF FATHER 127 Smith
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE City
(13) OCCUPATION Mill Porter
(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mable Grunk
(15) PRESENT POSTOFFICE OF MOTHER 127 Smith
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE City
(19) OCCUPATION at home
(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 born alive at 2 4 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Grunk
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 11/13/16 (28) J. Mercier Green M.D. 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.

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