

## (1) PLACE OF BIRTH

County of HenryTownship of Little River

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sylvester Grissitt

File No.—For State Registrar Only

64836

Registration District No. 2507 Registered No. 186

(For use of Local Registrar)

St.: ..... Ward:

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u> <small>to be numbered only in case of twins or triplets</small>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 26</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME	(14) NAME BEFORE MARRIAGE <u>Hattie Grissitt</u>
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Little River S.C.</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE	(16) COLOR OR RACE <u>negro</u>
(13) OCCUPATION	(17) AGE AT LAST BIRTHDAY (Years)
(20) Number of children born to mother, including present birth <u>3</u>	(18) BIRTHPLACE <u>Henry Co S.C.</u>
	(19) OCCUPATION <u>Farming</u>
	(21) Number of children of this mother now living, including present birth <u>2</u>

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Hattie Grissitt</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Little River S.C.</u>
(16) COLOR OR RACE <u>negro</u>
(17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE <u>Henry Co S.C.</u>
(19) OCCUPATION <u>Farming</u>
(21) Number of children of this mother now living, including present birth <u>2</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Roder. Grohman M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeLittle River S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed June 27 1916(28) W. H. Sloan

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.

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.

McCaw, of Columbia.