

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

(3) BOY

GIRL

Girl

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Are

Parents

Married?

(7) DATE OF

BIRTH

Feb 6

(Name of Month)

(Day)

(Year)

FATHER.

(8) FULL

NAME

Samuel Grant

(9) PRESENT

POSTOFFICE

OF FATHER

Hymans 8 C

(10) COLOR

OR

RACE

Negro

(11) AGE AT LAST

BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Florence Co S.C.

(13) OCCUPATION

Farming

(14) Number of children born to

mother, including present birth

3

MOTHER.

(14) NAME BEFORE

MARRIAGE

Belle Grassile

(15) PRESENT

POSTOFFICE

OF MOTHER

Hymans 8 C

(16) COLOR

OR

RACE

Negro

(17) AGE AT LAST

BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Florence Co S.C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother

now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Hymans 8 C

Given name added from a supplemental report

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(26) Witness

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

Feb 8 6

(27) Filed

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(28) E. L. Montgomery

Local Registrar

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When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

File No.—For State Registrar Only

49034

Registered No. 15

(For use of Local Registrar)

St. Ward

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