

(1) PLACE OF BIRTH

County of Beaufort....Township of Shelton....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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29019

Registration District No. 602A.. Registered No. 46
(For use of Local Registrar)(2) Full Name of Child Un-named

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept. 16, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Andrew Grayson9) PRESENT POSTOFFICE OF FATHER Dale, S.C.10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Years)12) BIRTHPLACE Beaufort Co., S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 9

MOTHER.

14) NAME BEFORE MARRIAGE Mary Coleman15) PRESENT POSTOFFICE OF MOTHER Dale, S.C.16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30
(Years)18) BIRTHPLACE Beaufort Co., S.C.19) OCCUPATION Farmer's wife21) 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 5:00 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Allen Coleman(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dale S.C.

Given name added from a supplemental report

(26) Witness to M. M. M.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 16, 1922 (28) Meir Jaffer
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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, and must be FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.