

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Chesterfield S.C. STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

41611

Township of Cheraw, S.C.or  
Inc. Town of Cheraw, S.C.or  
City of Cheraw, S.C.Registration District No. 12A Registered No. 83  
 (For use of Local Registrar)

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

(2) Full Name of Child, John Thomas Grant { If child is not yet named, make supplemental report as directed

(3) SEX-OR <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>(To be answered only in case of twins or triplets)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 1, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

## MOTHER

(8) FULL  
NAME S. H. Grant(14) NAME BEFORE  
MARRIAGE Mary Graham(9) PRESENT  
POSTOFFICE  
OF FATHER Cheraw, S.C.(15) PRESENT  
POSTOFFICE  
OF MOTHER Cheraw, S.C.(12) COLOR  
OR  
RACE white (11) AGE AT LAST  
BIRTHDAY 22  
(Years)(16) COLOR  
OR  
RACE white (17) AGE AT LAST  
BIRTHDAY 18  
(Years)(13) BIRTHPLACE  
Charleston, S.C.(18) BIRTHPLACE  
Malboro, Co., S.C.(13) OCCUPATION  
Carpenter(19) OCCUPATION  
Housewife(20) Number of children born to  
mother, including present birth 1(21) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. S. Funderburg(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Cheraw, S.C.Given name added from a supplemen-  
tal report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Dec 11, 1922 (28) Walter D. Paul  
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.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.