

(1) PLACE OF BIRTH

County of Myrtle

Township of Myrtle

City of Myrtle

(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  
Division of Vital Statistics  
State Board of Health

5257

Registration District No. 4000 Registered No. 14  
(For use of Local Registrar)

(2) Full Name of Child

(a) SEX OR ONLY	(b) Type or Twin	(c) Number in order of birth	(d) Sex of mother	(e) Date of birth
<u>girl</u>	<u>To be entered only in case of Twin or Triple</u>	<u>1</u>	<u>female</u>	<u>Feb 2 1913</u>
FATHER			MOTHER	
(1) FULL NAME <u>D. C. Grant</u>			(1) NAME BEFORE MARRIAGE <u>John Thomas</u>	
(2) PRESENT RESIDENCE OF FATHER <u>Residence</u>			(2) PRESENT RESIDENCE OF MOTHER <u>Residence</u>	
(3) COLOR OR RACE <u>white</u>	(4) AGE AT LAST BIRTHDAY <u>37</u>	(5) COLOR OR RACE <u>white</u>	(6) AGE AT LAST BIRTHDAY <u>31</u>	
(7) BIRTHPLACE <u>Myrtle</u>			(7) BIRTHPLACE <u>Myrtle</u>	
(8) OCCUPATION <u>Teacher</u>			(8) OCCUPATION <u>Dom.</u>	
(9) Number of children born to mother, including present birth <u>17</u>			(9) Number of children of the mother now living, including present birth <u>15</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(10) I hereby certify that I attended the birth of this child, who was born alive at Myrtle on the date above stated.

(11) (Signature) [Signature]

(12) State whether Physician or Midwife Physician

(13) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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Registrar

(14) Witness (Signature of Witness necessary only when question 13 is signed by mark)

(15) Filed

(16) Mrs. J. E. White

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.

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