

MARGIN RESERVED FOR PENDING WHITE FAMILIES, 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.

Form No. 10.

WR N. 1

McCaw.

(1) PLACE OF BIRTH  
County of Sumter  
Township of Maysville  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**57742**

Registration District No. 402 Registered No. 34  
(For use of Local Registrar)  
St.; Ward

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 9 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Alexander Grant  
(9) PRESENT POSTOFFICE OF FATHER Maysville  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19 (Years)  
(12) BIRTHPLACE M.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth Too

MOTHER.  
(14) NAME BEFORE MARRIAGE Addine Wilson  
(15) PRESENT POSTOFFICE OF MOTHER Maysville S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE M.  
(19) OCCUPATION Farming  
(21) Number of children of this mother now living, including present birth Too

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive 10 clock A.M. on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) William Howard  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
1916  
Registrar

(26) Witness J. O. Swann  
(27) Filed Apr. 11 1916 (28) W. G. Thurst 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.

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