

(1) PLACE OF BIRTH

County of Lawrence
Township of Cross Hill
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

30950

Registration District No. 2700 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 Michael James

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 10 1922</i>
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FATHER

(8) FULL NAME *Willie Grant*

(9) PRESENT POSTOFFICE OF FATHER *Wichita, Kan.*

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY *33* (Year) *1901*

(12) BIRTHPLACE *La. C.*

(13) OCCUPATION *Farm Hand*

(14) Number of children born to mother, including present birth *117*

MOTHER

(14) NAME BEFORE MARRIAGE *Isela Grant*

(15) PRESENT POSTOFFICE OF MOTHER *Cross Hill*

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY *29* MONTHS *10* DAYS

(18) BIRTHPLACE

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at S. D. N. on the date above stated.

(23) (Signature) Bettie Smith
(24) State whether Physician or Midwife Physician

Given name added from a supplement-
al report

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

(27) Filed Sept 12 1940 (28) P. B. Goodman
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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.