

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.

(1) PLACE OF BIRTH
 County of Christy
 Township of Cheraw S.C.
 or
 Inc. Town of Cheraw S.C.
 or
 City of market
 (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
45789

Registration District No. 12 A Registered No. 7
 (For use of Local Registrar)
 No. 3 St.; 3 Ward

(2) Full Name of Child Ada Pauley Grand } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 22 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Craig Grand
 (9) PRESENT POSTOFFICE OF FATHER Cheraw S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Cheraw S.C.
 (13) OCCUPATION Merchant
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Ada Pauley
 (15) PRESENT POSTOFFICE OF MOTHER Cheraw S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE Orangeburg S.C.
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Alive at 3:45 A.M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) L. S. Bree M.D.
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Cheraw S.C.

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 28 1916 (28) W. E. Wainwright 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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