

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For this register only

16919

Name of Child

Sex of Child

Age of Child

Place of Birth

Registration District No.

Registered No.

(For use of Local Registrar)

(No. of Ward)

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

Full Name of Child: Thomas P. Grinnell Jr.

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

Sex of Child

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 24 1944
(Name of Month) (Day) (Year)

FATHER

Full Name Thomas P. Grinnell

Present Postoffice of Father Johns Island S.C.

Color or Race White (11) AGE AT LAST BIRTHDAY 36 (Years)

Birthplace Johns Island S.C.

Occupation

Farm

Number of children born to mother, including present birth 4

(14) NAME BEFORE MARRIAGE Edna Grinnell

(15) PRESENT POSTOFFICE OF MOTHER Johns Island S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Lowndesville, S.C.

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:30 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. J. Grinnell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 864 Grinnell St. Johns Island S.C.

Name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 191 (28) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

JUL 3 1944

LEON BROWN
REGISTRAR