

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Midvilleor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19318

Registration District No. 4103Registered No. 28
(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 Charles Grant

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

3. BOY OR GIRL by

4. Twin or Triplet?

5. Number in order of birth
To be answered only in event of Twin or Triplet6. Are Parents Married? No7. DATE OF BIRTH 1931
(Month of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

12. BIRTHPLACE

15. OCCUPATION

11. AGE AT LAST BIRTHDAY 15
(Years)14. NAME BEFORE MARRIAGE Annie Grant

16. PRESENT POSTOFFICE OF MOTHER

18. COLOR OR RACE Col19. BIRTHPLACE SC20. OCCUPATION Librarian17. AGE AT LAST BIRTHDAY 15
(Years)21. Number of children born to mother, including present birth 121. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 5:50 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles Grant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 27

19

(28)

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.