

MARGINS RESERVED FOR BINDING.  
 WRITE PLAINLY, 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.  
 MICHIGAN, CALIFORNIA, COLORADO, S. O.

(1) PLACE OF BIRTH

County of Allen  
 Township of 11  
 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

2906

Registration District No. 4602

Registered No. 135  
 (For use of Local Registrar)

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

(2) Full Name of Child Minnie Belle Grant

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

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb. 11, 1922

FATHER.

(8) FULL NAME

A. J. Grant

(9) PRESENT POSTOFFICE OF FATHER

Alendale SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY 3.5 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Belle Allen

(15) PRESENT POSTOFFICE OF MOTHER

Alendale SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY 2.0 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Farm Laborer

(20) Number of children born to mother, including present birth

7

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated.

(23) (Signature)

Marah Green Carter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

F. H. Bond

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

(27) Filed Feb. 24, 1922

(28) F. H. Bond

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.