

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

File No.—For State Registrar Only
23122

(1) PLACE OF BIRTH
 County of Marion
 Township of Powell
 or
 Inc. Town of

Registration District No. 3206 Registered No. ~~20~~ 20
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ella Mae 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 May 27 22
 (Name of Month Day Year)

FATHER.
 8) FULL NAME Lawrence Grant
 9) PRESENT POSTOFFICE OF FATHER Gresham D.C.
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 27 (Years)
 12) BIRTHPLACE Marion Co. D.C.
 13) OCCUPATION Farm Hand
 20) Number of children born to mother, including present birth 2

MOTHER.
 14) NAME BEFORE MARRIAGE Viola Kinson
 15) PRESENT POSTOFFICE OF MOTHER Gresham D.C.
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 20 (Years)
 18) BIRTHPLACE Marion Co. D.C.
 19) OCCUPATION House-wife
 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Hough
 (24) State whether J.B. or Midwife Midwife (25) Address of Physician or Midwife Gresham D.C.

Given name added from a supplemental report

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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 17 22 (28) G. M. Boatwright 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.

WRITE PLAINLY WITH READING INK—THIS IS A PERMANENT RECORD.
 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.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.