

Form No. 1

## (1) PLACE OF BIRTH

County of Charleston  
 Township of McClellanville  
 or  
 Inc. Town of McClellanville  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

584

Registration District No. 905Registered No. 5  
(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 George Royal Grant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH Jan 28 1928  
 (Sign of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Grant(9) PRESENT POSTOFFICE OF FATHER McClellanville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE Charleston Co(13) OCCUPATION Day Laborer(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Howard(15) PRESENT POSTOFFICE OF MOTHER McClellanville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Charleston Co(19) OCCUPATION Day Laborer(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was 1 hour and 10 min. at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Olivia F. Smith(23) State, whether Physician or Midwife Midwife (24) Address of Physician or Midwife McClellanville

Given name added from a supplemental report

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

(26) Signed Jan 28 1928 (27) J. E. Brown Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.