

1. PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

or City of Charleston

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

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

48374

Registration District No. 9A

Registered No. 127
(For use of Local Registrar)

2. Full Name of Child. Robert Deas 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 No (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 2nd (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Robert Deas
(9) PRESENT POSTOFFICE OF FATHER Charleston S. C.
(10) COLOR OR RACE Colored AGE AT LAST BIRTHDAY 24 (Years)
(11) BIRTHPLACE S. C.
(12) OCCUPATION Laborer
(13) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Worran Grant
(15) PRESENT POSTOFFICE OF MOTHER Charleston S. C.
(16) COLOR OR RACE Colored (17) AGE AT BIRTH 18
(18) BIRTHPLACE Charleston S. C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Domestic at 9:30 P. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(22) (Signature) Calvin Fraiser

(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife 6 Weems St.

Given name added from a supplemental report

(25) Witness J. L. J. Grant
(Signature of witness necessary only when question 22 is signed by mark)

(26) Filed 7/5 191... Local Registrar

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.

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WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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.

McCaw, of Columbia.