

MARGIN RESERVED FOR ENDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 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 1.

(1) PLACE OF BIRTH

County of Georgetown  
 Township of #2  
 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  
**28383**

Registration District No. 2101 Registered No. 37  
 (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 Hester Ann Grant (If child is not yet named, make supplemental report as directed)

(3) ~~Sex of Child~~ (4) Twin or Triplet (5) Number in order of birth (6) Age of Child (7) DATE OF BIRTH  
 To be answered only in case of Twins or Triplets  
yes 1 1 Sept 29 22  
 (Name) (Month) (Day) (Year)

FATHER  
 (8) FULL NAME William Grant  
 (9) PRESENT POSTOFFICE OF FATHER Georgetown, S.C.  
 (10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 21  
 (12) BIRTHPLACE Sampit, S.C.  
 (13) OCCUPATION Public work  
 (14) Number of children born to mother, including present birth 2

MOTHER  
 (14) NAME BEFORE MARRIAGE Annie Richardson  
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown, S.C.  
 (16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 20  
 (18) BIRTHPLACE Sampit, S.C.  
 (19) OCCUPATION Farm Laborer  
 (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 Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Johnson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Georgetown S.C.

Given name added from a supplemental report  
 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by marks)  
 (27) Filed 10/8 1923 (28) A. J. Sinton Local Registrar

When there was no attending physician or midwife, the birth must be reported as stillborn, before the fifth month of pregnancy.  
 (29) Filed Sept 20 1923 (30) W. B. Zeller Local Registrar