

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH FADING 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 3.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		3514	
Township of <u>St. P. St. M.</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of <u>North Charleston</u>		Registration District No. <u>909</u>		Registered No. <u>42</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.		Ward (For use of Local Registrar)	
(2) Full Name of Child <u>Bryd Grant</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Bryd</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 8, 1922</u>	
To be answered only in event of Twin or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Grant</u>	(14) NAME BEFORE MARRIAGE <u>Nellie Woods</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>North Charleston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>North Charleston</u>				
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Ashley S. C.</u>	(18) BIRTHPLACE <u>Parler's S. C.</u>				
(13) OCCUPATION <u>Common Laborer</u>	(19) OCCUPATION <u>Housework</u>				
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Beeth

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife North Charleston

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 7, 1922

(28) G. F. Myers 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.

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McGraw-Hill, Columbia, S. C.