CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
10019

(1) PLACE OF BIRTH
County of Barnberg
Township of 3 Mile
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 404 Registered No. 25
(For use of Local Registrar)
(No. St.; Ward)

(2) Full Name of Child Ermanessa Grant (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? Twin
(5) Number in order of birth 13
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH apr 12 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alex Grant
(9) PRESENT POSTOFFICE OF FATHER E 8 Alan S C
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE S C
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Walker
(15) PRESENT POSTOFFICE OF MOTHER Alan S C
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE S C
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 a. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Josephine Brissand
(24) State whether Physician or Midwife midwife
(25) Address of Physician or Midwife Alan S C

Given name added from a supplemental report
19 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed apr 28 1922
(28) W. D. Vincent 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.

FIRST-BORN, No. 1. THE (OTHER), No. 2, etc., in question 5.

Secretary of Columbia, S. C.