

(1) PLACE OF BIRTH

County of

Georgetown

Township of

or Inc. Town of

Georgetown

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42502

Registration District No.

21-A

Registered No.

119

(For use of Local Registrar)

St.; *Duke* Ward

(2) Full Name of Child

Shepard Grate

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH *Oct 17 22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Daniel Grate

(9) PRESENT POSTOFFICE OF FATHER

Georgetown S.C.

(10) COLOR OR RACE

Leal

(11) AGE AT LAST BIRTHDAY

33
(Years)

(12) BIRTHPLACE

S.C. Mills

(13) OCCUPATION

Carpenter

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Susan Grate

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown S.C.

(16) COLOR OR RACE

Leal

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

S. C. Linton S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was...
on the date above stated.*alive* at *6 P.* M.,
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Susan Grate

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mother

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*Jan*19 *23*

(28)

Mrs. R. J. King
Local Registrar19
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.