

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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 5.

(1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of Greenville

or

City of .....

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

(2) Full Name of Child Herbert Grant Jr.

File No.—For State Registrar Only  
**19996**

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 36 Registered No. 1498  
(For use of Local Registrar)

(No. 123 West St.; ..... Ward)

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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28, 1932  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Herbert Grant

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Fort Moultrie

(13) OCCUPATION Manager

(20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Rebecca Williams

(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Columbia, S.C.

(19) OCCUPATION Housewife

(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 ..... at 11:00 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henry Earl Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 51 Centre St.

Given name added from a supplemental report

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

(27) Filed 7-1 ..... (28) ..... 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.

No report is desired of stillbirths before the fifth month of pregnancy.

MOCCAY OF COLUMBIA, COLUMBIA, S. C.