

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.

Caw. of Columbia.

(1) PLACE OF BIRTH Columbia **CERTIFICATE OF BIRTH**
 County of B. Marion **STATE OF SOUTH CAROLINA.**
 Township of Lodge **Bureau of Vital Statistics**
 or **State Board of Health**
 Inc. Town of Lodge Registration District No. 1403 Registered No. 69
 or
 City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

76527

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

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 7, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.			MOTHER.		
(8) FULL NAME <u>Willie Morgan Grant</u>	(14) NAME BEFORE MARRIAGE <u>Cynthia Walker</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Lodge S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lodge S. C.</u>				
(10) COLOR OR RACE <u>black</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> <small>(Years)</small>	(16) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Broxton township</u>		(18) BIRTHPLACE <u>Broxton Town</u>			
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Farming</u>			
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>8</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife, Easter Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10/7 191... (28) E. J. Pock 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.