

Form No. 1

(1) PLACE OF BIRTH

County of MaitlandTownship of Burnettsvilleor BurnettsvilleInc. Town of Burnettsvilleor BurnettsvilleCity of Burnettsville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 23A Registered No. 117

File No.—For State Registrar Only

39380

(For use of Local Registrar)

(No. St. Ward)

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

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov. 8, 1917</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Parker(9) PRESENT POSTOFFICE OF FATHER Burnettsville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Maitland, S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Lee Grant(15) PRESENT POSTOFFICE OF MOTHER Burnettsville, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Burnettsville, S.C.(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Deborah Grace(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Burnettsville, S.C.

Given name added from a supplemental report:

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

(27) Filed Nov. 15, 1917 (28) Marked Pate 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.