

6/26/41

22 049502

Standard Certificate of Birth

FILE No.—For State Registrar Only
02322

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

Registration District No. 3806 Registered No.
(For use of Local Registrar)
R. F. D. Lylesland, S. C. St. Ward)

2. FULL NAME OF CHILD Isiah Grant, Jr.
(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural births..... 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term yes 7. Are Parents Married? yes 8. Date of birth Aug. 21 19 22
(Month, day, year)

9. Full name FATHER
Isiah Grant, Jr.

18. Name before marriage MOTHER
Marie Gadsen

10. Residence (mailing address) Lylesland, S. C.
(If non-resident, give place and State)
Negro

19. Residence (mailing address) Lylesland, S. C.
(If non-resident, give place and State)
Negro

11. Color or race..... 12. Age at child's birth 32 (years)

20. Color or race..... 21. Age at child's birth 23 (years)

13. Birthplace (city or place) Highland Co., S. C.
(State or country)

22. Birthplace (city or place) Richland Co., S. C.
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....
16. Date (month and year last engaged in this work)..... 19.....
17. Total time (years) spent in this work.....

OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Farm
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....
25. Date (month and year) last engaged in this work..... 19.....
26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn.....

28. If stillborn, months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born at 10:00 A. m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Marie Grant, Parent
or..... Guardian

Given name added from a supplementary report.....
(Date of).....

Address R. 1 Hopewell, Va. Box 279
Filed 7/12/41, 19 M. B. Woodward, M.D.
Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate)