

6/26/41

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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)

1. PLACE OF BIRTH County of <u>Richland</u> Township of _____ or Inc. Town of <u>Lykesland</u> or City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA Registration District No. <u>3806</u> Registered No. _____ (For use of Local Registrar) (No. <u>R.F.D. Lykesland, S.C.</u> St. _____ Ward _____) (If child is not yet named, make supplemental report as directed.)	
2. FULL NAME OF CHILD <u>Isiah Grant, Jr.</u>			
3. Boy or Girl <u>Boy</u>	If Plural births _____	4. Twins, triplets or other _____	5. Number, in order of birth _____
6. Premature _____ Full term <u>yes</u>		7. Are Parents Married? <u>yes</u>	
8. Date of birth <u>Aug. 21</u> 19 <u>22</u> (Month, day, year)			
9. Full name <u>FATHER</u> <u>Isiah Grant, Jr.</u>		18. Name before marriage <u>MOTHER</u> <u>Marie Gadsen</u>	
10. Residence (mailing address) <u>Lykesland, S.C.</u> (If non-resident, give place and State) <u>Negro</u>		19. Residence (mailing address) <u>Lykesland, S.C.</u> (If non-resident, give place and State) <u>Negro</u>	
11. Color or race _____	12. Age at child's birth <u>32</u> (years)	20. Color or race _____	21. Age at child's birth <u>23</u> (years)
13. Birthplace (city or place) <u>Richland Co., S.C.</u> (State or country)		22. Birthplace (city or place) <u>Richland Co., S.C.</u> (State or country)	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm</u> 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 _____		OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Farm</u> 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 _____	
17. Total time (years) spent in this work _____		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 <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____			
28. If stillborn, period of gestation _____ 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 <u>Born</u> at <u>10:00 A.</u> 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.) Given name added from a supplementary report _____ (Date of) _____		(Signed) <u>Marie Grant</u> , Parent or _____, Guardian Address <u>R. 1 Hopewell, Va. Box 279</u> Filed <u>7/12/41</u> , 19 <u>M. B. Woodward, M.D.</u> Registrar. Registrar.	