

(1) PLACE OF BIRTH
Charleston S.C.
County of

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

File No. — For State Registrar Only
88700

Township of

or
Inc. Town of

or
City of *Charleston S.C.* (No. *78 President* St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No.

Registered No. *1379*
(For use of Local Registrar)

(2) Full Name of Child *Isaac Harry*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy*
girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *December 25 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Isaac Grant*

(9) PRESENT POSTOFFICE OF FATHER *78 President St. Charleston S.C.*

(10) COLOR OR RACE *colored*

(11) AGE AT LAST BIRTHDAY *25*
(Years)

(12) BIRTHPLACE *Charleston S.C.*

(13) OCCUPATION *Baker*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Ehga Williams*

(15) PRESENT POSTOFFICE OF MOTHER *78 President St. Charleston S.C.*

(16) COLOR OR RACE *colored*

(17) AGE AT LAST BIRTHDAY *19*
(Years)

(18) BIRTHPLACE *Charleston S.C.*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *11 P.M.*,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) *Martha Susan Lawrence*

(24) State whether Physician or Midwife *midwife*

(25) Address of Physician or Midwife *35 Allway St.*

Given name added from a supplemental report

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

3/29/17 191
Thos. P. Lawrence
Registrar

(27) Filed *17/17* 191 (28) *J. Mercer*

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.