

(1) PLACE OF BIRTH

County of MarionTownship of Wahlee

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 380.7

No. for State Registrar

7841Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Elizabeth Grinsley

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

(3) SEX OF CHILD

Boy

(4) Type or Type of

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Is child named?

Yes

(7) DATE OF BIRTH

Jan 25, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Grinsley

(9) PRESENT RESIDENCE OF FATHER

Marion S.C.

(10) COLOR OR RACE

Cal

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Marion S.C.

(13) OCCUPATION

Laborer at Brick mill

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Eliza Grinsley

(15) PRESENT RESIDENCE OF MOTHER

Marion S.C.

(16) COLOR OR RACE

Cal

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Marion S.C.

(19) OCCUPATION

House wife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

Ann E. Emanuel

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

MidwifeMarion S.C.

(25) Given name added from a supplemental report

(26) Witness

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

(27) Filed

April 12, 1923

(28)

J. L. Hill

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.