

6/10/43

22 049404*

No ~~Copies~~.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD and mark the

N.B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the

FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

1. PLACE OF BIRTH
 County of Richland
 Township of _____
 or
 Inc. Town of Columbia, S.
 or
 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

FILE No.—For State Registrar Only
01147

Registration District No. 38. a Registered No. _____
 (For use of Local Registrar)

(No. 2121 Pendleton St.; _____ Ward)

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

3. BOY OR GIRL Girl 4. Twin or Triplet? _____ 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH April 16, 1922
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER
 8. FULL NAME Herbert Fitzsimmons Grant

9. ADDRESS AT CHILD'S BIRTH Columbia, S. C.

10. COLOR OR RACE Col. 11. AGE AT CHILD'S BIRTH 20
 (Years)

12. BIRTHPLACE Fort Motte, South Carolina

13. OCCUPATION Truck Driver

20. Number of children born to mother, including present birth 1

MOTHER
 14. NAME BEFORE MARRIAGE Rebecca Elizabeth Seabrooks

15. ADDRESS AT CHILD'S BIRTH Columbia, S. C.

16. COLOR OR RACE Col. 17. AGE AT CHILD'S BIRTH 19
 (Years)

18. BIRTHPLACE Columbia, South Carolina

19. OCCUPATION Housework

21. 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 Born Alive at 11:50 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature Mary S. Hampton
 24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife 1229 Hampton St. Cola, S.C.

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

27. Filed 6/10 1943

28. M. B. Woodward, M.D.
 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.