

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

Inc. Town of .....

City of Easley

(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 HealthRegistration District No. 37A Registered No. 79

(For use of Local Registrar)

(No. 9121231 St. 1 Ward)(2) Full Name of Child Millard R. Grant If child is not yet named, make supplemental report as directed

(1) SEX OR SEX	(2) Type or Type	(3) Number in order of birth	(4) Sex of Mother	(5) DATE OF BIRTH
Male	Full term	1	Female	June 9, 23

## FATHER.

(6) FULL NAME James H. Grant(7) PRESENT RESIDENCE OF FATHER Easley(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 37(10) BIRTHPLACE N.C.(11) OCCUPATION Textile worker(12) Number of children born to mother, including present birth 5

## MOTHER.

(13) NAME BEFORE MARRIAGE Cora Kemmure(14) PRESENT RESIDENCE OF MOTHER Easley(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 36(17) BIRTHPLACE S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 3:20 AM, on the date above stated. (Mark alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) J. L. Smith

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Easley

Give name added from a supplemental report

Garnie L. Ainsley  
Sept. 18, 1943

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

(25) Date June 29, 1943 (26) E. F. Wyatt 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.

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