

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Rockley Broke
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31732

Registration District No. 36/15 Registered Sept. 11
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gladest Grant If child is not yet named, make supplemental report as directed

(3) Boy or Girl Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 11 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John. Grant.</u>	(14) NAME BEFORE MARRIAGE <u>Annie Walker.</u>	(9) PRESENT POSTOFFICE OF FATHER <u>North. S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>North S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Orangeburg. Co.</u>	(18) BIRTHPLACE <u>Orangeburg. Co.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House keeping</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annie James.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife North S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 13 1922 (28) J. E. Peel 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.

RECEIVED AT COLUMBIA, SOUTH CAROLINA, 1922, SEPTEMBER 13, 1922, 11:00 A.M.