

County of Pickland
Township of Blythen
or
Inc. Town of
or
City of

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

Registration District No. 3800 Registered No. 76
(Name of Local Registrar)

~~20013~~

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>June 5 1972</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME	Went 1 more	(14) NAME BEFORE MARRIAGE	Mary Gant
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	Blytheville
(10) COLOR OR RACE	Col.	(16) COLOR OR RACE	Col.
(11) AGE AT LAST BIRTHDAY..... (Years)		(17) AGE AT LAST BIRTHDAY..... (Years)	21
(12) BIRTHPLACE		(18) BIRTHPLACE	Laurel, Richmond Co
(13) OCCUPATION		(19) OCCUPATION	labor
(20) Number of children born to mother, including present birth	1	(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 at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>John W. Williams</u>	(25) Address of Physician or Midwife
(24) State whether Physician or Midwife <u>mid wife</u>	<u>College Hill</u>

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only
when question 33 is signed by mark)

(27) Filed June 10 1924 (28) W. M. Lane
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.