CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
53917

(1) PLACE OF BIRTH
County of Sumter
Township of Providence
or
Inc. Town of ..... Registration District No. 4104 Registered No. 28
(For use of Local Registrar)
or
City of ..... (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. May Belle Huggins — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? — To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? No
(7) DATE OF BIRTH Mch, 23, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME David Grant	(14) NAME BEFORE MARRIAGE May Lizzie Huggins
(9) PRESENT POSTOFFICE OF FATHER Providence S C	(15) PRESENT POSTOFFICE OF MOTHER Providence S C
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S C
(13) OCCUPATION Farmer	(19) OCCUPATION Farm Laborer
(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 born alive (Born alive or stillborn) at 3 a M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Julia Rickard

(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Providence S C

Given name added from a supplemental report
....., 191....
..... Registrar

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

(27) Filed Mch 23 1916 (28) B M Langlin 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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