

(1) PLACE OF BIRTH

County of FairfieldTownship of #1

OF

Inc. Town of Shelton

OR

City of Shelton

(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 Leah May Grapp

File No.—For State Registrar Only

4046

Registration District No. 1900Registered No. 8

(For use of Local Registrar)

(3) BOY OR GIRL girl(4) Twin or Triplet? No(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 9 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Grapp(9) PRESENT POSTOFFICE OF FATHER Blair S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Allie May Grapp(15) PRESENT POSTOFFICE OF MOTHER Blair S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, at 5 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Jallie Henderson(24) State whether Physician or Midwife(25) Address of Physician or Midwife Blair S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 15 1922 (28) Mrs C. W. Fawcett
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.