

(1) PLACE OF BIRTH

County of BeaufortTownship of BeaufortCity of Beaufort

or

City of Beaufort

or

City of Beaufort

or

City of Beaufort

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27679

Registration District No. 1102 Registered No. 134

(For use of Local Registrar)

(No. Beaufort M. U. 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 James Edward Grant If child is not yet named, make supplemental report as directed

BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 5, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

FULL NAME Wm. G. GrantPRESENT POSTOFFICE OF FATHER BeaufortCOLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22

(Years)

BIRTHPLACE Beaufort CoOCCUPATION Wm. CookNumber of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kella Riddle(15) PRESENT POSTOFFICE OF MOTHER Beaufort(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Madison Co. NC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was alive as 11 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. G. Grant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Beaufort, S.C.

Name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Oct. 1, 1923

(28)

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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