

(1) PLACE OF BIRTH

County of LexingtonTownship of Braded Riveror
Inc. Town of Chapin

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

78044

Registration District No. 3103 Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child

Granger Bookman

If child is not yet named, make supplemental report as directed

(3) 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>Aug 27, 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER <u>Wm Bookman</u>	(9) NAME BEFORE MARRIAGE <u>Lizzie Derrick</u>
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(10) PRESENT POSTOFFICE OF FATHER <u>Chapin S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Chapin S.C.</u>
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(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>48</u> (Years)	(14) COLOR OR RACE <u>Black</u>	(15) AGE AT LAST BIRTHDAY <u>44</u> (Years)
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(16) BIRTHPLACE <u>Lexington Co. S.C.</u>	(17) BIRTHPLACE <u>Lexington Co. S.C.</u>
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(18) OCCUPATION <u>Farmhand</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>13</u>	(21) Number of children of this mother now living, including present birth <u>10</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:28 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature <u>J. M. Fease</u>	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife <u>Little Mountain, S.C.</u>
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Given name added from a supplemental report	(26) Witness
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191.....	(Signature of Witness necessary only when question 23 is signed by mark)
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Registrar	(27) Filed <u>9/15/16</u> (28) <u>A. F. Frick</u> Local Registrar
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*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.

MARGIN RESERVED FOR BINDING. WRITE-PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.