

(1) PLACE OF BIRTH

County of Allen
Township of Bull
City of

CERTIFICATE OF BIRTH
STATE OF NORTH CAROLINA
Bureau of Vital Statistics
State Board of Health

2720

Registration District No. 46 A. A. Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Clinton Grant (If child is not yet named, state name)

(a) SEX Male (b) RACE Colored (c) DATE OF BIRTH Feb 15 1915

FATHER
(a) NAME Clinton Grant
(b) NAME Allen
(c) COLOR Colored (d) RACE Colored
(e) RESIDENCE Allen
(f) OCCUPATION Farmer
(g) Number of children born to mother, including present one 15 live

MOTHER
(a) NAME Eva Lee Aiken
(b) NAME Allen
(c) COLOR Colored (d) RACE Colored
(e) RESIDENCE Wack Orange S.C.
(f) OCCUPATION Farmer's Wife
(g) Number of children of father and mother, including present one 15 live

(3) I hereby certify that I attended the birth of the child named above, who was born on the date above stated.

Signature of Registrar Clinton Grant
Signature of Physician Allen