

(1) PLACE OF BIRTH

County of Greenville
 Township of Hawthorne

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30621

Inc. Town of Registration District No. 2400 Registered No. 123
 or (For use of Local Registrar)
 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 Walter Grant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 25 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Grant

(9) PRESENT POSTOFFICE OF FATHER Chillicothe

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Memphis Tenn

(13) OCCUPATION Sw Mill Laborer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Filyd

(15) PRESENT POSTOFFICE OF MOTHER Chillicothe

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Memphis Tenn

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was white at 6:00 M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) T. J. ...

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Chillicothe Tenn

Give name added from a supplemental report

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

(26) Filed 9.26.1922 H. C. ... Local Registrar

When 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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W. H. ...