

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.

MCGRAW-HILL, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens
 Township of Pickens
 or
 Inc. Town of
 or
 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

16401

Registration District No. 370.6 Registered No. 58
 (For use of Local Registrar)

(2) Full Name of Child Harold 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 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. Grant
 (9) PRESENT POSTOFFICE OF FATHER Pickens
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46
 (Year)
 (12) BIRTHPLACE Pickens
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Porter
 (15) PRESENT POSTOFFICE OF MOTHER Pickens
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40
 (Year)
 (18) BIRTHPLACE Pickens
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Aline at 7 a. m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert Kirksey(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Pickens, 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 19 (28) D. S. Porter
 Registrar. Local Registrar.

*Where 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.

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