

Form No. 3

## (1) PLACE OF BIRTH

County of *Albermarle*Township of *Deepwater*or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
28546Registration District No. *212*Registered No. *2,8*  
(For use of Local Registrar)

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

(2) Full Name of Child *Grant nero*

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb 16 1922</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Butler nero*

(9) PRESENT POSTOFFICE OF FATHER *Salathia S.C.*

(10) COLOR OR RACE *niger* (11) AGE AT LAST BIRTHDAY *25* (Years)

(12) BIRTHPLACE *Albermarle CO*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *13*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Marrah Washburn*

(15) PRESENT POSTOFFICE OF MOTHER *Salathia S.C.*

(16) COLOR OR RACE *niger* (17) AGE AT LAST BIRTHDAY *26* (Years)

(18) BIRTHPLACE *Albermarle CO*

(19) OCCUPATION *Domestic Wife*

(21) Number of children of this mother now living, including present birth *12*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* *3* at *9* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *H. H. Wilcox*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *Salathia 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 *14/5* 1922. (28) *S. J. Owens* Local Registrar.

\*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.