

MARSH RECEIVED AT 11:11 A.M. 1915  
 STATE HEALTH DEPT. FILED IN 1915-16  
 IN THE CASE OF BIRTH OF CHILD OF MRS. J. W. McCaw, of Columbia, S.C.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 1.

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Providence  
 OR  
 Inc. Town of .....  
 OR  
 City of ..... (No. ....)  
 (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  
**44793**

Registration District No. 41.05 Registered No. 141  
 (For use of Local Registrar)

(2) Full Name of Child Lewis 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 Dec. 22 1915  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Scipio Grant  
 (9) PRESENT POSTOFFICE OF FATHER Providence, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Cornelia Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Providence, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Belia M. Deane  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Providence, S.C.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness Wm. G. Burkette  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec-27-1915 (28) B.M. Laughlin  
 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.

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