

MARCH 1915
 STATE-PLATE. HAVE TO SHOW IN—THIS IS A FURNISHED REPORT.
 IN THE CASE OF TWIN OR TRIPLETS, A SEPARATE PLATE FOR EACH CHILD AND REPORT.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Durham
 Township of Providence

Inc. Town of
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 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? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 22 1915
 (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. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Belia Dean

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Providence, S.C.

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

(26) Witness Martha 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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