

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 of COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Horry
Township of Faith River
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

90381

Registration District No. 1507

Registered No. 267
(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 Tom Jefferson Grissett

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 7 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Moses Grissett
(9) PRESENT POSTOFFICE OF FATHER Wampsee S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE North Carolina
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Betsy Bellamy
(15) PRESENT POSTOFFICE OF MOTHER Wampsee S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Wampsee S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma R. Grissett
(24) State whether, Physician or Midwife Midwife Address of Physician or Midwife Wampsee S.C.

Given name added from a supplemental report

(25) Witness Charles S. McElroy
(Signature of Witness necessary only when question 23 is signed by mark)

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Registrar

(27) Filed Dec 13 1916 (28) C. McElroy
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.