

(1) PLACE OF BIRTH

County of OrangeTownship of Senecaor
Inc. Town ofor
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

50020

Registration District No. 3584 Registered No. 26 26

(For use of Local Registrar)

(2) Full Name of Child

Minnie Grant

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 27 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Porter Grant

(9) PRESENT POSTOFFICE OF FATHER

Waring S.C.

(10) COLOR OR RACE

Colord

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Piceno Co S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lency Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Waring S.C.

(16) COLOR OR RACE

Colord

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Orange Co

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Orange Co S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Grant midwife

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

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 19 1916(28) J. E. Hopkins 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.

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.

Caw. of Columbia