

## (1) PLACE OF BIRTH

County of *Sumter*Township of *North Creek*

Inc. Town of .....

City of .....

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

2. Full Name of Child *Henry Grant*

File No. For State Registrar Only

66447

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *4106* Registered No. *61*  
(For use of Local Registrar)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth *5*(6) Are Parents Married *yes*(7) DATE OF BIRTH *June 23 1906*  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*George Grant*

(9) PRESENT POSTOFFICE OF FATHER

*Kimbert SC*(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *62*  
(Years)

(12) BIRTHPLACE

*Sumter Co*

(13) OCCUPATION

*Field Laborer*(14) Number of children born to mother, including present birth *5*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Harriet Nelson*

(15) PRESENT POSTOFFICE OF MOTHER

*Kimbert SC*(16) COLOR OR RACE *W*(17) AGE AT LAST BIRTHDAY *33*  
(Years)

(18) BIRTHPLACE

*Sumter Co*

(19) OCCUPATION

*House Wife*(20) Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8* P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Wm. X. Mack*(24) State whether *Physician* or *Midwife* (25) Address of Physician or Midwife *Kimbert*

Given name added from a supplemental report

191...

Registrar

(26) Witness

*W. C. Haller*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *July 8 1906*

(28)

*W. C. Haller*  
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.

fifth month of pregnancy.

Form No. 10. PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. PRINTED BY THE STATE OF SOUTH CAROLINA, COLUMBIA. 1906. IN CASE OF TWIN OR TRIPLET, BE CAREFUL TO REPORT EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, ETC., IN QUESTION 1.