

(1) PLACE OF BIRTH

County of Sumter
 Township of Stateburg
 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

92042

Registration District No. 4109Registered No. 127

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Thomas Grim

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 27, 1917</u> (Name of Month) (Day) (Year)
-----------------------------	--------------------------------	------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Joseph Grim
 (9) PRESENT POSTOFFICE OF FATHER Horatio S. G.
 (10) COLOR OR RACE negro
 (11) AGE AT LAST BIRTHDAY 19
 (12) BIRTHPLACE Sumter Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Macore
 (15) PRESENT POSTOFFICE OF MOTHER Horatio S. G.
 (16) COLOR OR RACE negro
 (17) AGE AT LAST BIRTHDAY 17
 (18) BIRTHPLACE Richland Co.
 (19) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 1(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 alive at 7 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Phyllis M. Durant(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Phyllis M. Durant

Given name added from a supplemental report

(26) Witness (Miss) Marion Sanders

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

(27) Filed Dec. 4, 1917(28) Benj. Sanders
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.

NOTE:—In case of stillbirth, the physician or midwife, or the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.