

22 050142

## 1. PLACE OF BIRTH

Township of Cheney  
 County of York  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Rock Hill SC. (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4405

FILE No.—For State Registrar Only

45252-2Registered No. 29  
(For use of Local Registrar)2. FULL NAME OF CHILD Samuel Edward Grant Jr.

3. Boy or Girl

If Plural  
births

4. Twin, triplet, or other

5. Premature

7. Legiti-

8. Date of

birth

(Month, day, year)

1922

5. Number, in order of birth

Full term

mate?

9. Full  
name

FATHER

Samuel Edward Grant Sr.18. Full  
maiden  
name

MOTHER

Mary Furd10. Residence (usual place of abode)  
(If nonresident, give place and State)Rock Hill SC19. Residence (usual place of abode)  
(If nonresident, give place and State)Rock Hill SC

11. Color or race

12. Age at last birthday 32 (Years)

20. Color or race

21. Age at last birthday (Years)

13. Birthplace (city or place)  
(State or country)Charter Co.22. Birthplace (city or place)  
(State or country)York, SC

OCCUPATION

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Textile15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.Mechanic16. Date (month and year) last  
engaged in this work17. Total time (years)  
spent in this work15 yrs

OCCUPATION

23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.Textile24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.Spinner25. Date (month and year) last  
engaged in this work26. Total time (years)  
spent in this work5 yrs27. Number of children of this mother  
(At time of this birth and including this child)(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 028. If stillborn,  
period of gestation{ months  
weeks

29. Cause of stillbirth

Before labor 0During labor 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 a.m. on the date above stated  
(Born alive or stillborn)When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.(Signed) David A. Bigger, M. D.

or \_\_\_\_\_, Midwife

Given name added from  
a supplemental report

(Date of)

Address Rock Hill SCFiled June 4, 1931 Mrs. J. R. Miller

Registrar.

Registrar.