

22 050142

1. PLACE OF BIRTH  
 Township of Emerzer  
 County of York  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Rock Hill SC, (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)  
 2. FULL NAME OF CHILD Samuel Edward Grant Jr. { If child is not yet named, make supplemental report as directed.

Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. 4405 Registered No. 29  
 (For use of Local Registrar)

3. Boy or Girl  If Plural Births  4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yo 7. Legitimate? yo 8. Date of birth Sept 1 1927  
 (Month, day, year)

9. Full name **FATHER**  
Samuel Edward Grant Sr  
 10. Residence (usual place of abode) Rock Hill SC  
 (If nonresident, give place and State)  
 11. Color or race white 12. Age at last birthday 32 (Years)  
 13. Birthplace (city or place) Charter Co,  
 (State or country)  
 OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile  
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mechanic  
 16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work 15 yrs

18. Full maiden name **MOTHER**  
Mary Ford  
 19. Residence (usual place of abode) Rock Hill SC  
 (If nonresident, give place and State)  
 20. Color or race white 21. Age at last birthday \_\_\_\_\_ (Years)  
 22. Birthplace (city or place) York, SC  
 (State or country)  
 OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Textile  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Spinner  
 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work 5 yrs

27. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0  
 28. If stillborn, period of gestation 0 { months weeks } 29. Cause of stillbirth 0 Before labor 0 During labor 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:40 a.m. on the date above stated  
 (Born alive or stillborn)  
 (Signed) David A. Biggins, M. D.  
 or \_\_\_\_\_, Midwife  
 Address Rock Hill SC  
 Filed June 4, 1931 Mrs. J. R. Muller  
 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 Given name added from \_\_\_\_\_ (Date of) \_\_\_\_\_  
 Registrar