

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Orange  
 Township of Orange  
 OF  
 Inc. Town of.....  
 OR  
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. — For State Registrar Only  
**11460**

Registration District No. 504 Registered No. 36  
 (For use of Local Registrar)

(2) Full Name of Child Martha Grant (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>Yes</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2-13-73</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Will Grant</u>			(14) NAME BEFORE MARRIAGE <u>Annie Mack</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Seneca</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Seneca</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Colored</u>		
(12) BIRTHPLACE <u>Seneca</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Seneca</u>		
(19) OCCUPATION <u>Farmer</u>		(20) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 P. M., on the date above stated. (If born alive or stillborn, (Hour A. M. or P. M.))

(23) (Signature) W. S. Sharp  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Seneca, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
W. S. Sharp  
 (27) Filed 4/10/73 (28) 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.

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