

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19912

Registration District No. 789 Registered No. 108

(For use of Local Registrar)

2) Full Name of Child Edith Palmer Grimesy

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

(3) BOY OR GIRL? Y(4) Twin or Triplet? 1(5) Number in order of birth 1

To be answered only in case of Twins or Triplets

(6) Are Parents Married? 1(7) DATE OF BIRTH May 13, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Levi C Grimesy(9) PRESENT POSTOFFICE OF FATHER 1031 Assembly(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Camden SC(13) OCCUPATION Robber(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lula May House(15) PRESENT POSTOFFICE OF MOTHER 1031 Assembly(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE MO(19) OCCUPATION House(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) 10 P.M. on the date above stated.(23) (Signature) R. J. Jamison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed June 14, 1922 (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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