

## (1) PLACE OF BIRTH

County of SumterTownship of Ashtown

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No. - For this Register Only  
22727Registration District No. 4106 Registered No. 574  
(For use of Local Registrar)(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 George Grant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet <u>8</u>	(5) Number in order of birth <u>8</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 2, 1923</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>George Grant</u>			(10) NAME BEFORE MARRIAGE <u>Harriet Tuleen</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>	
(12) COLOR OR RACE <u>negro</u>	(13) AGE AT LAST BIRTHDAY <u>60</u> (Years)	(14) COLOR OR RACE <u>negro</u>	(15) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(16) BIRTHPLACE <u>Sumter S.C.</u>			(17) BIRTHPLACE <u>Sumter S.C.</u>	
(18) OCCUPATION <u>Tram Conductor</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>14</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Sally Grant(24) State whether Physician or Midwife  
Midwife(25) Address of Physician or Midwife  
Dalzell S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 8, 1923

(28)

N. C. Harlan  
Local RegistrarWhen 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.