Form No. 1

(1) PLACE OF BIRTH

County of Colleton

Township of Sequnda

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
41863

Registration District No. 14-C-C. Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Allen Grant

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy				June 14, 1922

FATHER.

(8) FULL NAME: Henry Grant

(9) PRESENT POSTOFFICE OF FATHER: Ritters

(10) COLOR OR RACE: Black (11) AGE AT LAST BIRTHDAY: 27 (Years)

(12) BIRTHPLACE: SC

(13) OCCUPATION: Farming

(20) Number of children born to mother, including present birth: 10

MOTHER.

(14) NAME BEFORE MARRIAGE: Edna Grant

(15) PRESENT POSTOFFICE OF MOTHER: Walterboro

(16) COLOR OR RACE: Black (17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: SC

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Brown

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Ritters SC

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Jan 9 1923 (28) Two Runs Padgett
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.

N. B.—In case of twins, triplets, etc., use additional blank form and state fact in question 5. WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Make no erasures. Use only black ink. Do not abbreviate. Use figures for dates. Sign your name as informant. Return to REGISTRAR OF VITAL STATISTICS, COLUMBIA, S. C.