

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Department of Vital Statistics
State Board of Health

Registration District No. 9a

Registered No. 1684
(For use of Local Registrar)

Word

Richardson

on 25 Comm

Child born in a hospital or other institution, give name of same instead of street and city.

If child is not yet named, give approximate report as directed.

NAME OF CHILD Arvin Grant

1. Sex Male 2. Twin, triplet, or other None 3. Premature None 4. Date of birth Jan 14, 1923
5. Month, in order of birth 1st 6. Full term Yes 7. Length 18 1/2 8. Weight 12 1/2

FATHER Arthur Grant

MOTHER Lillie Mack

9. Address (street and place of abode) City

10. Residence (usual place of abode) City
(If nonresident, give place and State)

11. Age at last birthday 26 (Years)

12. Color or race Bl.

13. Place of birth (city or place) Rockville, S.C.
(State or country)

14. Birthplace (city or place) Johns Island S.C.
(State or country)

15. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Labourer

16. Industry or business in which work was done, as own home, lawyer's office, with mill, etc. Cook

17. Date (month and year) last engaged in this work Jan. Feb. 1923

18. Total time (years) spent in this work 19

19. Total time (years) spent in this work 19

20. Total time (years) spent in this work 19

21. Cause of stillbirth 1 - (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

22. Date of stillbirth Jan 14, 1923

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated
(Born alive or stillborn)

(Signed) Lena Mazuch M. D.

Address Seminole St

Filed 9/19, 1923 Anna S. Pagnall