

## (1) PLACE OF BIRTH

County of BambergTownship of Shree Mileor  
Inc. Town of

City of

(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

84367

Registration District No. 404 Registered No. 144

(For use of Local Registrar)

(2) Full Name of Child Ethel Grant

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 9

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Nov. 2, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Alex Grant(9) PRESENT POSTOFFICE OF FATHER Olney(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Walker(15) PRESENT POSTOFFICE OF MOTHER Olney S C(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth 7

## 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. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Mays

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Olney S C

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed Nov 6, 1916(28) G. Herndon

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 cases of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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