

(1) PLACE OF BIRTH

County of ChesterTownship of ChesterInc. Town of ChesterCity of Chester

(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

No. 11A - For this Register

31592

Registration District No. 11A Registered No. 98

(For use of Local Registrar)

(No. W of W Ward)(2) Full Name of Child William Howard Grant If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 1 (6) Date of Birth Sept 23 1913 (7) Day (8) Month (9) Year

FATHER

(10) NAME OF FATHER Freeman Grant (11) NAME OF MOTHER Adeline Hudson(12) PRESENT RESIDENCE OF FATHER Chester SC (13) PRESENT RESIDENCE OF MOTHER Chester SC(14) COLOR OF FATHER W (15) COLOR OF MOTHER W(16) AGE AT LAST BIRTHDAY 36 (17) AGE AT LAST BIRTHDAY 23(18) BIRTHPLACE OF FATHER Chester Co (19) BIRTHPLACE OF MOTHER Chester Co(20) OCCUPATION OF FATHER Clark Wholesale Gro (21) OCCUPATION OF MOTHER House(22) Number of children born to mother, including present birth 6 (23) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated. (25) (Signature) J. H. [Signature] (26) State whether Physician or Midwife Physician (27) Address of Physician or Midwife Chester SC

(28) Given name added from a supplemental report

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

(30) Filed Oct 7 1913 (31) 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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