

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case 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 3.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Beaufort.....

Township of Sheldon.....

or
Inc. Town of.....

or
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

75808

Registration District No. 603B... Registered No. 74.....
(For use of Local Registrar)

(2) Full Name of Child Lilly Grant..... { If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|--|------------------------------|------------------------------------|--|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? To be answered only in case of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH <u>July 15, 1916</u> (Name of Month) (Day) (Year) |
|------------------------------|--|------------------------------|------------------------------------|--|

| FATHER. | | MOTHER. | |
|--|---|------------------------------------|--|
| (8) FULL NAME <u>ILLIGITIMATE</u> | (14) NAME BEFORE MARRIAGE <u>Annie Grant</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>"</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Sheldon, S. C.</u> | | |
| (10) COLOR OR RACE <u>"</u> | (11) AGE AT LAST BIRTHDAY <u>"</u> (Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>36</u> (Years) |
| (12) BIRTHPLACE | (18) BIRTHPLACE <u>White Oak Plantation, S. C.</u> | | |
| (13) OCCUPATION | (19) OCCUPATION <u>Farmer</u> | | |
| (20) Number of children born to mother, including present birth <u>Nine (9)</u> | (21) Number of children of this mother now living, including present birth <u>Five (5)</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive..... at 9..... A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Grant
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife
Sheldon S. C.

Given name added from a supplemental report

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

....., 19 ..
Registrar

(27) Filed 9/18..... 19 16 (28) J. Ottaway
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.