

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Darlington S.C.

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

3551

Township of

or
Inc. Town of

Registration District No. 1.2.A. Registered No. 15

City of Darlington S.C. (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. Cleveland Ward 6

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? None (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 1948
to be printed only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Alley M. Grant Sr.

MOTHER.
(14) NAME BEFORE MARRIAGE Blanch Outlaw

(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.

(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE South Carolina

(18) BIRTHPLACE Sumter S.C.

(13) OCCUPATION Textile

(19) OCCUPATION Textile

(20) Number of children born to mother, including present birth 3

(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 Boy alive on the date above stated. (Born live or stillborn) (Hour A. M. of 5.2 P. M.)

(23) (Signature) J. H. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. J. Darlington S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by many)

(27) Filed March 1948 (28) W. H. Early 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.

|| 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.