

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Georgetown  
 Township of .....  
 OF  
 Inc. Town of Georgetown  
 OF  
 City of Georgetown  
 (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

6980

Registration District No. 1.12 Registered No. 5  
 (For use of Local Registrar)

(2) Full Name of Child

James Grant

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 1928  
 (Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Marcus Grant  
 (9) PRESENT POSTOFFICE OF FATHER Georgetown  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28  
 (Year)  
 (12) BIRTHPLACE Georgetown  
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Grant  
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28  
 (Year)  
 (18) BIRTHPLACE Georgetown  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) John J. Grant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Georgetown

Given name added from a supplemental report

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

(27) Filed Jan. 1928 (28) Mrs. R. T. King  
 Registrar 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.