

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.  
Section of Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		21025	
Township of <u>#2</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
or City of .....		Registration District No. <u>2101</u>		Registered No. <u>30</u>	
		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Hell Grant</u>					
(If child is not yet named, make supplemental report as directed)					
(3) SEX— <u>MALE</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of Birth	(6) Age at birth	(7) DATE OF BIRTH <u>July 27, 23</u>	
FATHER			MOTHER		
(8) FULL NAME <u>Andrew Grant</u>			(14) NAME BEFORE MARRIAGE <u>Lezzie Oden</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown, S.C. #2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown, S.C. #2</u>		
(10) COLOR OR RACE <u>B</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>B</u>			
(12) BIRTHPLACE <u>Lampit, S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)			
(13) OCCUPATION <u>Public work</u>		(18) OCCUPATION <u>Field work</u>			
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:4</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Joe Anna Crumley</u>		(24) Address of Physician or Midwife <u>Georgetown, S.C. #2</u>			
(25) State <u>South Carolina</u>		(26) Address of Physician or Midwife			
Given name added from a supplemental report		(27) Witness (Signature of Witness necessary only when question 23 is signed by mother) <u>W. J. ...</u>			
19 .....		(28) Filed <u>7/27, 1923</u> (29) <u>A. J. ...</u> 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.					