

## (1) PLACE OF BIRTH

County of MarionTownship of Wake

Inc. Town of .....

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

Registration District No. 3207

File No.—For State Registrar Only

41730Registered No. 46  
(For use of Local Registrar)(2) Full Name of Child Earnest Grant

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

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 16, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Thomas

(15) PRESENT POSTOFFICE OF MOTHER Pee Dee SC.

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Marion Co. S.C.

(19) OCCUPATION at Home

(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 born alive at 10.00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Harris

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifePee Dee SC.

Give name added from a supplemental report

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

(27) Filed Jan. 12, 1924 (28) J. L. Dill 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.

MAKING RETURN "RED SPIN" INDICATED.  
WRITER PLAINLY, WITH CAREFULNESS, TO A PERMANENT RECORD.  
IN 2-20 use of THIS OR TRIplets use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.