

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of Critland
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

6665

Registration District No. 208 Registered No. 39
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ulysee 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 Mch 22 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Grant(9) PRESENT POSTOFFICE OF FATHER Cross, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Grant(15) PRESENT POSTOFFICE OF MOTHER Cross, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION Housewife(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 S.P.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Lena Hechler
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cross, S.C.

Given name added from a supplemental report

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

(27) Filed Mch 29 1922 (28) D.W. Cross
 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.

MADE IN COLUMBIA, S. C. N. B.—In case of stillbirth, fill in question 22, and question 23, and question 24.