

Fill in the blank for each child, and mark the first-born, No. 1. THE OTHER, No. 2, etc., in question 8.

McGraw-Hill of Columbia.

(1) PLACE OF BIRTH
County of Charleston
Township of

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

File No.—For State Registrar Only
48315

Inc. Town of Charleston Registration District No. 9A Registered No. 707
City of Charleston (No. 42 = Amburst)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 20/16
Is to be answered only in case of Twin or Triplet

FATHER.
(8) FULL NAME Ben. Grant
(9) PRESENT POSTOFFICE OF FATHER 42 1/2 Amburst St
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Labourer
(20) Number of children born to mother, including present birth 1st

MOTHER.
(14) NAME BEFORE MARRIAGE Rosa Snyder
(15) PRESENT POSTOFFICE OF MOTHER 42 1/2 Amburst St
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
(18) BIRTHPLACE White Hall S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 P. on the date above stated.
(23) (Signature) G. H. Roach M.D. (Born alive or stillborn) Yes (A. M. or P. M.)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 75 Calhoun St

Given name added from a supplemental report
June 1916
John Grant
Registrar

(26) Witness (Signature of Witness, necessary only when question 22 is signed by mark)
(27) Filed 7/24/16 (28) J. Marcus Dean 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.