

(1) PLACE OF BIRTH

County of Morlboro
 Township of Brooksville
 or
 the Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8470

Registration District No. 3303Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child

(3) SEX girl
 (4) Twin or Triplet? No
 (5) Number in order of birth 1
 To be answered only in event of Twin or Triplets

(6) Are Parents Married? yes
 (7) DATE OF BIRTH Jan 8 22
 (Month of Month) (Day) (Year)

(No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

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FATHER.

(8) FULL NAME Simon Grant

(9) PRESENT POSTOFFICE OF FATHER Brooksville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Morlboro

(13) OCCUPATION Rail Road Employee

(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Memora Wiggins

(15) PRESENT POSTOFFICE OF MOTHER Brooksville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Richmond Co 200

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 4 P. M. on the date above stated. (Borne alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Horace Cox (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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

(27) Filed Jan 13 22 (28) 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.