

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Cummings Grant

File No. — For State Registrar Only

154

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 311 Registered No. 16

(For use of Local Registrar)

St. Ward

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 Jan 15 1902

Name of Month (Day) - (Year)

FATHER

(8) FULL NAME Hugh Grant(9) PRESENT POSTOFFICE OF FATHER Pandersburg(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Granston S.C.(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 1st

MOTHER

(15) NAME BEFORE MARRIAGE Jessie Campbell(16) PRESENT POSTOFFICE OF MOTHER Pandersburg S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 26 (Years)(19) BIRTHPLACE Pandersburg S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 15 1902 (28) S. B. Crayton 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.

*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.

Local Registrar
this return
births

FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

New of Columbia