

(1) PLACE OF BIRTH

County of Granville

Township of .....

or Inc. Town of .....

or City of Granville

(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

File No. For State Registrar Only

34532

Registration District No. 22ARegistered No. 375-503

(For use of Local Registrar)

(2) Full Name of Child Gracia Amelia Rathrop

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

(3) BOY OR GIRL? Girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parent Married? Yes(7) DATE Oct 14 1932  
BIRTH (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME C. A. Rathrop(9) PRESENT POSTOFFICE OF FATHER 1832 16<sup>th</sup> St Washington DC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Orangeburg SC(13) OCCUPATION Inter State Commerce Commission(14) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Hattie Amelia Rowley(15) PRESENT POSTOFFICE OF MOTHER 1832 16<sup>th</sup> St Washington DC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Granville SC(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5:41 P M (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) David J. Thomas

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Oct 10 1932 (27) E. Smith 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.

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