

(1) PLACE OF BIRTH

County of ColletonTownship of Walter

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

17293

Registration District No. 1488Registered No. 23
(For use of Local Registrar)

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

(2) Full Name of Child Lee Samuel Grant

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

(3) BOY OR GIRL Boy(4) Twin or Triplet 1(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 21, 1933

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Samuel Grant(9) PRESENT POSTOFFICE OF FATHER Colleton S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 17

(Years)

(12) BIRTHPLACE W.C.(13) OCCUPATION Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE Walter(15) PRESENT POSTOFFICE OF MOTHER Colleton S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE W.C.(19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1(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 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lee Samuel Grant(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Colleton S.C.

Given name added from a supplemental report

See Affidavit 5-31-44A. R. Ser, M.D.

Registrar

(26) Witness

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

(27) Filed June 21, 1933(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.