

## (1) PLACE OF BIRTH

County of LexingtonTownship of Saludaor  
Inc. Town of LexingtonCity of Lexington

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35432

Registration District No. 3111Registered No. 37

(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 Grady Allen

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 21, 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME George Arthur Quick(9) PRESENT POSTOFFICE OF FATHER Little Mountain(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Cora Irene Hammon(15) PRESENT POSTOFFICE OF MOTHER Little Mountain(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 3:30 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. S. M. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Little Mountain S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Nov 10, 22 (28) J. W. Lee  
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.