

**CERTIFICATE OF BIRTH**

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

File No. For State Registrar Only  
**52175**

(1) PLACE OF BIRTH

County of Florence  
Township of Jeffreys  
or  
Inc. Town of H. W. W. W.  
or  
City of (No.)

Registration District No. 2007 Registered No. 135  
(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. Daisy Grant

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 31  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME Sheriff Grant

(14) NAME BEFORE MARRIAGE Lucy Ann Campbell

(9) PRESENT POSTOFFICE OF FATHER Mar Bluff S.C.

(15) PRESENT POSTOFFICE OF MOTHER Mar Bluff S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Winnona, S.C.

(18) BIRTHPLACE Winnona, S.C.

(13) OCCUPATION Lumber Mill Hand

(19) OCCUPATION Field Hand

(20) Number of children born to mother, including present birth 3

(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 (Born alive or stillborn) 1 P. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Joseph + Cheryl Smith  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mar Bluff S.C.

Given name added from a supplemental report

(26) Witness E. J. Davis  
(Signature of witness necessary only when question 23 is signed by mark)

(27) Filled & signed Mar 31 1916 (28) Mrs. J. P. Gray 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.

(Deputy)

McCraw of Columbia  
 WHEN THESE PLACES ARE LEFT UNFILLED, THE STATE BOARD OF HEALTH WILL BE RESPONSIBLE FOR THE ACCURACY OF THE REPORT.  
 IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND REPORT THE FIRST-BORN IN THIS OFFICE, NO. 1, THE OTHERS, NO. 2, ETC., IN QUESTION 2.