

PRINTED-BOOK, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of .....

City of Pr. mill, Anderson

(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

43613

Registration District No. 3A

Registered No. ....

(2) Full Name of Child

Williford Granger

If child is not yet named, state supplemental report as required

(3) SEX OF CHILD Boy (4) Type of Infant ✓ (5) Number of Births 1 (6) Date of Birth July 1, 1917

FATHER.

(9) Full Name Williford Granger

(10) Present Residence of Father Greenville S.C. 1st. Brandon well.

(11) COLOR OF SKIN W (12) AGE AT LAST BIRTHDAY 49

(13) BIRTHPLACE Greenville Co S.C

(14) OCCUPATION Machanicist.

(15) Number of children born to mother, including present birth 1

MOTHER.

(16) Name before marriage Virginia Whitfield

(17) Present Residence of Mother Anderson S.C.

(18) COLOR OF SKIN W (19) AGE AT LAST BIRTHDAY 35

(20) BIRTHPLACE Anderson S.C.

(21) OCCUPATION House wife.

(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(24) (Signature) Mrs. D. Pruitt (25) Date whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Signed Williford Granger (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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