

Form No. 1.

(1) PLACE OF BIRTH

County of Flaurie
 Township of Jaffard
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

55828

Registration District No. 2007 Registered No. 144
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edmund James Grant } 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 25 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Grant
 (9) PRESENT POSTOFFICE OF FATHER Flaurie S.C. R.F.D. #1
 (10) COLOR OR RACE Negrs (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE N. C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth { 15

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pickens
 (15) PRESENT POSTOFFICE OF MOTHER Flaurie S.C. R.F.D. #1
 (16) COLOR OR RACE Negrs (17) AGE AT LAST BIRTHDAY 37 (Years)
 (18) BIRTHPLACE Flaurie Co
 (19) OCCUPATION Home laborer
 (20) Number of children of this mother now living, including present birth { 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive, at (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) James S. C. R.D. #1
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Apr 27 1916 (28) Mr. Jas. P. Gregg 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 stillbirth before the fifth month of pregnancy.

When Filing. With Unfading Ink—This is a Permanent Record.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.

(Deputy)