

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

File No.—For State Registrar Only
5998

(1) PLACE OF BIRTH

County of Beaufort
Township of Beaufort
OF
Inc. Town of Travis Hill
OF
City of

Registration District No. 600 Registered No. 54
(For use of Local Registrar)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>no</u>	(7) DATE OF BIRTH <u>Feb. 26 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Simon Grant
(9) PRESENT POSTOFFICE OF FATHER Burton S.C. R.F.D.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Burton S.C. R.F.D.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Harris
(15) PRESENT POSTOFFICE OF MOTHER Burton R.F.D.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Burton S.C. R.F.D.
(19) OCCUPATION Farm Laborer
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sophie Williams(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Burton S.C. R.F.D.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Mar. 7 1923 (28) W. H. Wilson 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 before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH FADING INK.—THIS IS A PERMANENT RECORD.
R. R.—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.