

(1) PLACE OF BIRTH

County of MeigsTownship of N. 5

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

55944

Registration District No. 2104 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child John Gran

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>21</u> years Married?	(7) DATE OF BIRTH <u>April 1, 1914</u> (Name of Month, Day, Year)
FATHER			MOTHER	
(8) FULL NAME <u>John Gran</u>			(14) NAME BEFORE MARRIAGE <u>Lucia Lynch</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lanfield St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lanfield St</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Georgetown Co</u>			(18) BIRTHPLACE <u>Georgetown Co</u>	
(13) OCCUPATION <u>Reland hand</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P. M. on the date above stated.
(Born Alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Dr. J. P. Grant(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Lanfield

Given name added from a supplemental report

(26) Witness John Gran

(Signature of witness necessary only when question 21 is signed by mark)

(27) Filed April 1, 1914(28) G. P. Grant

(Local Registrar)

MARGIN RESERVED FOR BINDING.

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

M. 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.

McCaw, of Columbia.

*When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.