

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of Charleston S.C.
 or
 Inc. Town of Ans. Town
 or
 City of Charleston S.C.

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

File No.—For State Registrar Only

29247

1381

Registration District No. 9 A Registered No. 1381
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. 12 S. Chalmers St. Ward)

(2) Full Name of Child Marta Grant

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

(3) BOY OR GIRL? (4) Twin or Triplet? Single (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 18 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Lewis Grant
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE Caled (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Stambridge, Virginia
 (13) OCCUPATION Laborer

(14) NAME BEFORE MARRIAGE Laurie Stafford
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE Caled (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Charleston S.C.
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 12 children

(21) Number of children of this mother now living, including present birth 12 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 PM. on the date above stated. (Born alive or stillborn) (Hour M. of P. M.)

(23) (Signature) Sarah Brown(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife 35 Chestnut St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/21/22

(28)

Registrar

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.