

(1) PLACE OF BIRTH

County of Catharine
 Township of Smith
 OF
 Inc. Town of.....
 OF
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17757

Registration District No. 820Registered No. 162
(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 George Grimes (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME George Grimes
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews
 (10) COLOR OR RACE Wp (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farm Work
☐ Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Blanche Bastie
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews
 (16) COLOR OR RACE Wp (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farm Work
 (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 alive at 11:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Blanche Bastie
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. R. Rabe
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 19 1922 (28) A. R. Rabe Local Registrar

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

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S.C.