CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 10277

Registration District No. 9 A

Registered No. 565 (For use of Local Registrar)

(1) PLACE OF BIRTH

County of Charleston

Township of or Inc. Town of Charleston or City of

(No. 22 Stone Court 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 Marie Grant — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH April 16 (Name of Month) (Day) 1922 (Year)

FATHER.

(8) FULL NAME Alonza Grant

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Fireman

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Judge

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Green Pond

(19) OCCUPATION Housekeeping

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Charlotte Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 3 Stone Court

Given name added from a supplemental report

19 ..... Registrar

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

(27) Filed 4/15 19 22

(28) Merrill Green M.D. 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.