

WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Beaufort</u>		STATE OF SOUTH CAROLINA		9393	
Township of <u>Bladen</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>601</u>		Registered No. <u>3</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Margaret Grant</u>		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	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 28, 1933</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>David Grant</u>			(14) NAME BEFORE MARRIAGE <u>Josephine Miller</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pritchardville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pritchardville SC</u>		
(10) COLOR OR RACE <u>Negro</u>			(11) AGE AT LAST BIRTHDAY <u>30</u>		
(12) BIRTHPLACE <u>Beaufort County</u>			(13) COLOR OR RACE <u>Negro</u>		
(14) OCCUPATION <u>Farming</u>			(15) AGE AT LAST BIRTHDAY <u>30</u>		
(16) BIRTHPLACE <u>Beaufort County</u>			(17) COLOR OR RACE <u>Negro</u>		
(18) OCCUPATION <u>Housewife</u>			(19) BIRTHPLACE <u>Beaufort County</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 <u>born alive</u> at <u>2 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sarah Grant</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Pritchardville SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>Feb 10, 1933</u> (28) <u>W. J. Smith</u>		
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 stillborns before the fifth month of pregnancy.					