Form No. 1.

(1) PLACE OF BIRTH

County of Edgefield

Township of Moss

Inc. Town of ..... Registration District No. 1807 Registered No. 20 (For use of Local Registrar)

City of ..... (No. ..... St.; ..... Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
23164

2) Full Name of Child Grant Bean } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? [illegible]

(4) Twin or Triplet?

(5) Number in order of birth 2

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 4 1915 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Grant Bean	(14) NAME BEFORE MARRIAGE	Lee McKelvy
(9) PRESENT POSTOFFICE OF FATHER	Cleora S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Cleora S.C.
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY	22 (Years)	(17) AGE AT LAST BIRTHDAY	20 (Years)
(12) BIRTHPLACE	[illegible] Co. S.C.	(18) BIRTHPLACE	Edgefield Co. S.C.
(13) OCCUPATION	[illegible]	(19) OCCUPATION	House Rife
(20) Number of children born to mother including present birth	2	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife [illegible]

(25) Address of Physician or Midwife [illegible]

Given name added from a supplemental report

..... 191

Registrar

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

(27) Filed [illegible] 191 (28) [illegible] Local Registrar.

*[illegible] was no attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] even once it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.