# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21723

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
Inc. Town of
City of
Registration District No. 1 Registered No. 7
(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 Sallie Grant — If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl
(4) Twin or Triplet? (5) Number in order of birth (To be answered only in event of twins or triplets.)
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June 27, 1914 (Month) (Day) (Year)

**FATHER.**

(8) NAME Henry Grant
(9) PRESENT POSTOFFICE OF FATHER Abbeville
(10) COLOR OR RACE Black
(11) AGE AT LAST BIRTHDAY
(12) BIRTHPLACE Abbeville
(13) OCCUPATION Farming
Number of children born to mother including present birth Dirge

**MOTHER.**

(14) NAME BEFORE MARRIAGE Dearle Jones
(15) PRESENT POSTOFFICE OF MOTHER Abbeville
(16) COLOR OR RACE Black
(17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE [illegible]
(19) OCCUPATION Farming
(20) Number of children of this mother now living, including present birth Four

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(23) (Signature) [illegible] Lawrence
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report
, 191

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

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

[illegible] the father, householder, etc., should make this return. If [illegible] stillborn. No report is desired of stillbirths before the [illegible] of pregnancy.

Local Registrar.

[illegible] was no attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] stillborn. No report is desired of stillbirths before the [illegible] month of pregnancy.

FOLD ON DOTTED LINE FOR FINDING.

WARNING: [illegible] FOR EACH CHILD. [illegible] THIS IS A PERMANENT RECORD. [illegible] SEPARATE BLANK for each child, and mark the [illegible] TWINS OR TRIPLETS use a [illegible] in question 5. [illegible] BOXES No. 1 and OTHERS No. 2, etc., in question 5.