

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of McClaurie
 or
 Inc. Town of McClaurie
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Register Only
583

Registration District No. 906 Registered No. 6
 (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.)

(2) Full Name of Child Nash Graham If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Male (4) Type of Infant To be reported only in case of Twin or Triplets (5) Number in order of birth 6 (6) Age of Parent 220 (7) DATE OF BIRTH Jan 29 1923
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME James Graham
 (9) PRESENT RESIDENCE OF FATHER McClaurie
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33
 (Year) (12) BIRTHPLACE Charleston Co
 (13) OCCUPATION Day Laborer
 (14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca L. L. L.
 (15) PRESENT RESIDENCE OF MOTHER McClaurie
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31
 (Year) (18) BIRTHPLACE Charleston
 (19) OCCUPATION Cook
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:30 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Julia M. M.
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife McClaurie

Given name added from a supplemental report

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

(26) Filed Feb 6 1923 (27) Thos. E. P. Graham Local Registrar

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