

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Inc. Town of

or

City of

Charleston

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

(2) Full Name of Child

Baby

Graham

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

No

(5) Number in order of birth

8

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug 24 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Paul Graham

(9) PRESENT POSTOFFICE OF FATHER

43 Elizabeth

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

Beaufort S.C.

(13) OCCUPATION

Laborer

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Diana Miles

(15) PRESENT POSTOFFICE OF MOTHER

43 Elizabeth

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

32

(18) BIRTHPLACE

Beaufort S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was. Born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Anna F. Green

(24) State whether Physician or Midwife

Physician or Midwife

Given name added from a supplemental report

(26) Witness

J. M. Green M.D.

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

(27) Filed Aug 25 1922

J. Mercer Green M.D.

Registrar

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.