

(1) PLACE OF BIRTH

County of *Hampton*  
Township of *Robertson*  
or  
Inc. Town of.....  
or  
City of .....

CERTIFICATE OF BIRTH

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

Registration District No. *7401*

File No. - For State Registrar Only

*85982*

Registered No. *85*  
(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 *James Graham Jr.* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Oct 27 1916*  
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James Graham*

(9) PRESENT POSTOFFICE OF FATHER *Scotia, S.C. R.F.D.*

(10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *35*  
(Years)

(12) BIRTHPLACE *Robertsville S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *19*

MOTHER.

(14) NAME BEFORE MARRIAGE *Erline W. Midell*

(15) PRESENT POSTOFFICE OF MOTHER *Scotia, S.C. R.F.D.*

(16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *33*  
(Years)

(18) BIRTHPLACE *Robertsville S.C.*

(19) OCCUPATION *Farmer*

(21) Number of children of this mother now living, including present birth *18*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* ..... at *3 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Katie Wright*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Scotia, S.C.*

Given name added from a supplemental report

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

(27) Filed *Oct 28 1916* (28) *Geo. C. Richardson Jr.* 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.

RECORDS OF COLUMBIA, COLUMBIA, S. C.  
FIRST-BORN, No. 1 - THE OTHER, No. 2, etc., in duplicate