

1. PLACE OF BIRTH

County of Spartanburg

Township of Wade

OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

66110

Registration District No. 3

Registered No. 263

(For use of Local Registrar)

(No. 1)

St. 1

Ward 3

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

2. Full Name of Child Russell Graham

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? Boy

(a) Twin or Triplet?

(b) Number in order of birth

(c) Are Parents Married? Yes

(7) DATE OF BIRTH June 23 1916

Name of Month (Day)

FATHER

4. FULL NAME Conrail Graham

5. PRESENT POSTOFFICE OF FATHER Riden Spring St.

6. COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 20

(Years)

7. BIRTHPLACE Spartanburg S.C.

8. OCCUPATION Farmer

9. Number of children born to mother, including present birth 1

MOTHER

14. NAME BEFORE MARRIAGE Beatrice Blocker

15. PRESENT POSTOFFICE OF MOTHER Riden Spring St.

16. COLOR OR RACE Black

(12) AGE AT LAST BIRTHDAY 15

(Years)

18. BIRTHPLACE Spartanburg S.C.

19. OCCUPATION Farmer

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 born at 2:40 M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. A. Brunson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 6 1916

CHS

J. D. Branch Local Registrar

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.

Fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

Met. of Columbia