

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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

McGAW OF COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		79569	
Township of <u>Cross Keys</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Slp</u>		Registration District No <u>4200</u>		Registered No. <u>43</u>	
or				(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 <u>William Rice Griham</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 10</u> , 19 <u>16</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Hill Griham</u>			(14) NAME BEFORE MARRIAGE <u>Larnedina Rice</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sedalia S. C. Rte. #1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sedalia S. C. Rte. #1</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>Union S. C.</u>			(18) BIRTHPLACE <u>North Carolina Hiram Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer wife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3:20</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Dr. G. F. Mosley</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Physician Cross Keys S. C.</u>					
Given name added from a supplemental report			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)		
19 _____ Registrar			(27) Filed _____ 19 _____ (28) <u>Dr. Mosley</u> 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.					