

County of Polk
Township of Chambers
or
Inc. Town of
or
City of

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

7490

Registration District No. 2001 Registered No. 17
(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

(1) BOY OR GIRL? Girl	(3) Twin or Triplet? Twin	(5) Number in order of birth 1	(6) Are Parents Married? No	(7) DATE OF BIRTH Jan 28 1922 (State or Month) (Day) (Year)
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3) FULL NAME Unknown

9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

307 Number of children born to mother, including present birth 3

(74) NAME BEFORE MARRIAGE Archie Graham

(15) PRESENT POSTOFFICE OF MOTHER *Pamplona Sp*

(18) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *25* (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth { 3

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Hoover
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

(24) State whether Physician or Midwife ☒ (25) Address of Physician or Midwife
Midwife Pamphile

Given name added from a supplemental report

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

(27) Filed Feb. 20, 1922 (28) W. H. Boston
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.