

(1) PLACE OF BIRTH

County of

Township of

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
12958

Registration District No. 53Registered No. 3
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
M. (Maiden Name) Ward

2) Full Name of Child, Lula Grafton

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH May 15 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) AGE AT LAST BIRTHDAY 22 (Years)

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:45 P.M. on the date above stated.
(Sign alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report
..... 101

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

(27) Filed June 7 1923

(28) Local Registrar

Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If this is done, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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