

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.

(1) PLACE OF BIRTH

County of allendaleTownship of 1stor
Inc. Town of or
City of

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

(2) Full Name of Child

Lillian Mae McGraw

File No.—For State Registrar Only

40668

Registration District No. 4600Registered No. 127
(For use of Local Registrar)

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Nov 30 22
(Name of Month) (Day) (Year)

(8) FULL NAME

Luther McGraw

(9) PRESENT POSTOFFICE OF FATHER

allendale SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

33
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm Labor

(14) NAME BEFORE MARRIAGE

Mae Ella Capers

(15) PRESENT POSTOFFICE OF MOTHER

allendale SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Farm Labor

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

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23)

(Signature)

Sophy Bradley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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..... 19

Registrar

(26) Witness

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

(27) Filed

Dec 16 1922

(28)

F. H. Boyd

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.

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