

(1) PLACE OF BIRTH

County of Horry

Township of Galivants Ferry, SC

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43275

Registration District No. 3505

Registered No. 101

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Joseph Laura Graham

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

—
to be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE BIRTH

May 5

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Bryant Graham

(9) PRESENT POSTOFFICE OF FATHER

Galivants Ferry, SC #1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

Galivants Ferry, Horry Co., S. C.

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Laura Elizabeth Jones

(15) PRESENT POSTOFFICE OF MOTHER

Galivants Ferry, SC #1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Galivants Ferry Township, Horry Co., SC.

(19) OCCUPATION

House wife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. C. Fleming

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Aynor, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 8 1915

(28)

W. M. Higgins

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.

Fifth month of pregnancy.