

## (1) PLACE OF BIRTH

County of Willoughby  
 Township of Smith  
 or  
 Inc. Town of.....  
 or

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2728

Registration District No. 4310Registered No. 31  
(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 Lillie Graham

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 1  
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 20 1922  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Graham(9) PRESENT POSTOFFICE OF FATHER Lake City SC(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie McElevene(15) PRESENT POSTOFFICE OF MOTHER Lake City SC(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Lillie..... at 12..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline Nelson(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Lake City SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 22 1922(28) Mrs W A Fitch

Registrar

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.