

(1) PLACE OF BIRTH

County of Florence
 Township of Leicester
 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

7492

Registration District No. 2001 Registered No. 21
 (For use of Local Registrar)

(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 George Washington Graham

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 7 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George W. Graham
 (9) PRESENT POSTOFFICE OF FATHER Pamphlico
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE LA
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Bell Thompson
 (15) PRESENT POSTOFFICE OF MOTHER Pamphlico
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE LA
 (19) OCCUPATION Housewife
 (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 alive at 22 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Rhoads

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Pamphlico

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 1 1922

(28)

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.