

Form No. 3

(1) PLACE OF BIRTH

County of VictoryTownship of Fluke

or

Inc. Town of

or

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

Registration District No. 1402

File No.—For State Registrar Only

41834

Registered No.
(For use of Local Registrar)(2) Full Name of Child Hub Graham

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

(3) BOY OR

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?

(7) DATE OF

BIRTH Dec 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEErnest Graham(9) PRESENT
POSTOFFICE
OF FATHERWhite Hall S.C.(10) COLOR
OR
HAIRWhite(11) AGE AT LAST
BIRTHDAY40
(Years)

(12) BIRTHPLACE

W.C. S.C.

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGELaura Chisholm(15) PRESENT
POSTOFFICE
OF MOTHERWhite Hall S.C.(16) COLOR
OR
HAIRWhite(17) AGE AT LAST
BIRTHDAY35
(Years)

(18) BIRTHPLACE

W.C. S.C.

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert Graham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Dec 9, 1922B. E. Haggard
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.WHEN PLAINLY WITH UNFADING INK—THIS IS A PREPARATION INSTRUCTIONS.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK with each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
BUREAU OF VITAL STATISTICS, SOUTH CAROLINA, S. C.