

(1) PLACE OF BIRTH

County of Marlboro
 Township of Highville
 or
 Inc. Town of
 or
 City of

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

No. for State Registrar Only
4595

Registration District No. 9302 Registered No. 6
 (For use of Local Registrar)

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

(2) Full Name of Child William Colman Graham

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

(a) SEX OR Boy (b) Twin or Triplet No (c) Number in order of birth 1 (d) Age Yes (e) DATE OF BIRTH Feb 1 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(1) FULL NAME William Graham
 (2) PRESENT POSTOFFICE OF FATHER Gibson NC
 (3) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27
 (Year) NC
 (12) BIRTHPLACE NC
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Paula Davis
 (15) PRESENT POSTOFFICE OF MOTHER Gibson NC
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 21
 (Year) NC
 (18) BIRTHPLACE NC
 (19) OCCUPATION Fam iron
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Jana Jackson
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Highville NC

Given name added from a supplemental report

When there was no attending physician or midwife, the report is signed of stillbirths