

USE A SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Horry</u>		STATE OF SOUTH CAROLINA		19017	
Township of <u>Comary</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>2002</u>		Registered No. <u>90</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Arthur Graham</u>		[If child is not yet named, make supplemental report as directed]			
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 7, 1902</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>N. B. Graham</u>			(14) NAME BEFORE MARRIAGE <u>Lena E. Jones</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Comary S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Comary S. C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u>			(17) AGE AT LAST BIRTHDAY <u>35</u>		
(12) BIRTHPLACE <u>Horry Co</u>			(18) BIRTHPLACE <u>Horry Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was..... at..... M., on the date above stated.					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Comary S. C.</u>					
Given name added from a supplemental report			(26) Witness.....		
			(Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>June 19, 1902</u>		
			(28) <u>J. L. Jones</u> 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.