

(1) PLACE OF BIRTH

County of FlorenceTownship of Effinghamor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25981

Registration District No. 2004Registered No. 43

(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 Le Roy Graham

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 11 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alexander Johnson(9) PRESENT POSTOFFICE OF FATHER Effingham SC(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Florence Co., SC(13) OCCUPATION Farm laborer(14) Number of children born to mother, including present birth 10

MOTHER.

(15) NAME BEFORE MARRIAGE Lillie Graham(16) PRESENT POSTOFFICE OF MOTHER Same(17) COLOR OR RACE Col (18) AGE AT LAST BIRTHDAY 37 (Years)(19) BIRTHPLACE Same(20) OCCUPATION Field laborer(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) 3 A. M. on the date above stated.(23) (Signature) M. A. Graham(24) State whether Physician or Midwife (25) Address of Physician or Midwife Effingham SC

Given name added from a supplemental report

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

(27) File 191 (28) 10-11-22 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.