

## (1) PLACE OF BIRTH

County of Falceda

Township of .....

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. 3203 Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Beatrice Graham (If child is not yet named, make supplemental report as directed)(3) SEX girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married? 2 yrs (7) DATE OF BIRTH Sept 18 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. H. Graham(9) PRESENT POSTOFFICE OF FATHER Falceda S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Falceda S. C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosella Smith(15) PRESENT POSTOFFICE OF MOTHER Falceda S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Falceda S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## 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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marjorie B. Knight(24) State whether Physician or Midwife (25) Address of Physician or Midwife Falceda S. C.

(Given name added from a supplemental report)

(26) Witness Marie Grant (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 2 1923 (28) Marie Grant 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.