

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.

## (1) PLACE OF BIRTH

County of Saluda  
Township of H  
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. 3803... Registered No. 16  
(For use of Local Registrar)

File No.—For State Registrar Only  
**20047**

## (2) Full Name of Child

McGraw

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets	<u>1</u>	<u>Yes</u>	<u>June 13, 1922</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE	
<u>Jno McGraw</u>			<u>Mamie Delavine</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	
<u>Saluda</u>			<u>Saluda S.C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(17) AGE AT LAST BIRTHDAY		
<u>Blk</u>	<u>32</u> (Years)	<u>35</u> (Years)		
(12) BIRTHPLACE			(18) BIRTHPLACE	
<u>Saluda S.C.</u>			<u>Saluda Co S.C.</u>	
(13) OCCUPATION			(19) OCCUPATION	
<u>Farming</u>			<u>Housewife</u>	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	
<u>7</u>			<u>7</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Harriet Bonbright  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

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

(27) Filed June 15, 1922 (28) J. B. Crutch  
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 required of stillbirths before the fifth month of pregnancy.