

(1) PLACE OF BIRTH

County of SeftingtonTownship of "Inc. Town of "City of "

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

(2) Full Name of Child Lorena(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jun 17 1922
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam M. Graps(9) PRESENT POSTOFFICE OF FATHER Lexington, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Carpenter(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Smith(15) PRESENT POSTOFFICE OF MOTHER Lexington, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 3 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) Signature of Physician or Midwife

(24) Signature of Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(28) Filed Apr 21 1922

(29)

Registrar

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.

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