

(1) PLACE OF BIRTH

County of Abbeville
 Township of Walton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 2727
 (For use of Local Registrar Only)

Registration District No. 46.0.1 Registered No. 17
 (For use of Local Registrar)

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

(2) Full Name of Child Eller Graham If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Number in order of birth 1 (5) Are Parents Married Yes (6) DATE OF BIRTH Feb 27 1923
 (Name of Month) (Day) (Year)

FATHER
 (7) FULL NAME Sydney Graham
 (8) PRESENT RESIDENCE OF FATHER South Carolina
 (9) COLOR OR RACE Caucasian (10) AGE AT LAST BIRTHDAY 25
 (11) BIRTHPLACE SC
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Blanchera Stephens
 (15) PRESENT RESIDENCE OF MOTHER South Carolina
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE SC
 (19) OCCUPATION Farmer's Wife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Sarah Hutchinson
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife South Carolina

Given name added from a supplemental report
 (25) Witness R. J. Grunk
 (Signature of Witness necessary only when question 24 is signed by mark)
 (26) Date Feb 28 1923 (27) Local Registrar J. C. Rame

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.