

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

County of *Horry*

Bureau of Vital Statistics

Township of *Galewatts Ferry*

State Board of Health

File No.—For State Registrar Only

64814

Inc. Town of

Registration District No. *2505*

Registered No. *43*

City of

(No.) (For use of Local Registrar)

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

(2) Full Name of Child *Jesse D. Graham*

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
		<i>8</i>	<i>Yes</i>	<i>June, 14, 1916</i>
		<small>To be answered only in case of Twins or Triplets</small>		<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY
<i>Alfred A. Graham</i>	<i>Galewatts Ferry</i>	<i>White</i>	<i>40</i>
			<small>(Years)</small>
(12) BIRTHPLACE	(13) OCCUPATION	(20) Number of children born to mother, including present birth	
<i>Cove Spring SC</i>	<i>Farm</i>	<i>8</i>	

MOTHER.

(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
<i>Mary Johnson</i>	<i>Cove Spring SC</i>	<i>White</i>	<i>30</i>
			<small>(Years)</small>
(18) BIRTHPLACE	(19) OCCUPATION	(21) Number of children of this mother now living, including present birth	
<i>Cove Spring SC</i>	<i>House Wife</i>	<i>6</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at *14* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature *Mary C. Skupper*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Galewatts Ferry S.C.*

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed *6/21/16* (28) *Geo. M. Higgins* 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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FORM NO. 10. MARGIN RESERVED FOR BINDING. 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. McCaskey of Columbia.