

## (1) PLACE OF BIRTH

County of Flamenco  
 Township of La Fe  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**42401**

Registration District No. 2009 Registered No. 144  
 (For use of Local Registrar)

City of..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Graham

(9) PRESENT POSTOFFICE OF FATHER Leo & R.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28  
 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Maria Cameron

(15) PRESENT POSTOFFICE OF MOTHER Leo & R.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31  
 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hester Cameron

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leo & R.

Given name added from a supplemental report

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

(27) Filed 12/28 22 (28) R. L. Carter Local Registrar

19  
 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.