

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH BALLPEN OR INK. COPIES OF THIS STATEMENT RECORD. N.B.—In case of stillbirths, SEPARATE BLANK FOR EACH CHILD, and mark the BEGINNING OF COLUMBIA, S.C.

(1) PLACE OF BIRTH  
 County of Reckland  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Columbus  
 (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

File No.—For State Registrar Only  
12594

Registration District No. 38 Registered No. 36  
 (For use of Local Registrar)  
 (No. Columbus Hospital St.; ..... Ward)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH March 16 1922  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME James Ryan Graham

MOTHER  
 (14) NAME BEFORE MARRIAGE Leedell Bessinger

(9) PRESENT POSTOFFICE OF FATHER Died Sept. 11 1921

(15) PRESENT POSTOFFICE OF MOTHER Columbus SC

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years)

(12) BIRTHPLACE Sumter Co.

(18) BIRTHPLACE Bamberg Co.

(13) OCCUPATION Lumberman

(19) OCCUPATION House wife

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

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 2 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Flora Wedekind  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplement) (26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
Vol. 16-9965A (27) Filed 3-22-22 (28) W. H. Dean  
 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.