

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH PAIR OF SCISSORS IN THE THIRTIETH RECORD.
 N. B.—In case of ANATOMIC RECORD, SEPARATE BLANK FOR EACH CHILD, and mark the
 PRINT-BOOK, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland

Township of

or Inc. Town of

or City of Columbia

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

(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 Widow

(7) DATE OF BIRTH March 16 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Ryan Graham

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

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

(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION Lumberman

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

MOTHER

(14) NAME BEFORE MARRIAGE Leedell Besinger

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC.

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

(18) BIRTHPLACE Bamberg Co.

(19) OCCUPATION Housewife

(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) Thos. W. DeLoach

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement

James Ryan Graham

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

3-22-22 (28) 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 is to be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.