(1) PLACE OF BIRTH

County of York

Township of Broad River

or Inc. Town of .....

or City of ..... (No. ..... St.; ..... Ward)

(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. 16272

Registration District No. 4407 Registered No. 31
(For use of Local Registrar)

(2) Full Name of Child Rachael Lois Graves. (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
Girl	—	1	Yes.	May 10 1923
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Rufus Graves.

(9) PRESENT POSTOFFICE OF FATHER Sharon S.C.

(10) COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Sharon S.C.

(13) OCCUPATION Auto-mechanic.

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lelia Georgia Jones.

(15) PRESENT POSTOFFICE OF MOTHER Sharon S.C.

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

(18) BIRTHPLACE S. o Carolina.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.9 M. (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) Charles T. Burriss M.D.
(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sharon S.C.

Given name added from a supplemental report

..... 19....
Registrar

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

(27) Filed June 1 1923 (28) C. W. Keesley
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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