

NOTE.—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 6.

(1) PLACE OF BIRTH

County of Anderson  
Township of Sandherton  
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

20962

Registration District No. 310 Registered No. 59  
(For use of Local Registrar)

(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 Annie Belle Graham (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>32</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>July 1, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Wesley Graham</u>			14) NAME BEFORE MARRIAGE <u>Maggie Bailey</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Sandherton</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Sandherton</u>	
10) COLOR OR RACE <u>White</u>			11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
12) BIRTHPLACE <u>Anderson Co</u>			16) COLOR OR RACE <u>White</u>	
13) OCCUPATION <u>Farmer</u>			17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
18) BIRTHPLACE <u>Anderson Co</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>Three</u>			21) Number of children of this mother now living, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... Annie.... at.... 4:30 A.M., on the date above stated. (Born alive or stillborn. Hour, A.M. or P.M.)

(23) (Signature) Mrs Annie Moore  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sandherton

Given name added from a supplemental report

See eff 6/15/23  
in B. Woodruff  
Registrar

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

(27) Filed Aug 14, 1922 (28) H. W. Seawright 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.

Moore (sub)