

## (1) PLACE OF BIRTH

County of HenryTownship of BartholomewOR  
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

42947

Registration District No. 2-5-00 Registered No. 82  
(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 Edna Graham (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 3 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME C. Low Graham(9) PRESENT POSTOFFICE OF FATHER Albion & Co.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35  
(Year)(12) BIRTHPLACE Henry Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Edna Ray(15) PRESENT POSTOFFICE OF MOTHER Albion & Co.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25  
(Year)(18) BIRTHPLACE Henry Co S.C.(19) OCCUPATION Housewife(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 at 12-20 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) H. E. Albrecht(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Albion & Co.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 9 1922 (28) J. E. Bee 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.